

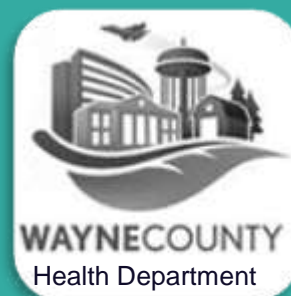
**2018**

# **Community Health Needs Assessment**

**Wayne County, North Carolina**



**&**



# Message to the Community

Dear Community Members,

Wayne County is pleased to share with you our 2018 Community Health Needs Assessment (CHNA). Since the beginning of the health department and hospital collaborative in 2012, the community health needs assessment teams have been committed to improving the lives and health of people living in our communities. This report is a tangible representation of our continued commitment to that goal.

Health is driven by much more than what happens in the doctor's office. What determines health begins — long before illness — in our homes, schools, and jobs. Despite our genetics playing a role, we have the opportunity to make choices that can help us all to live a healthier life, regardless of our background. People whose circumstances have made them vulnerable to poor health need our help in working towards eliminating barriers that provide everyone with the chance to live a healthy life. This work cannot happen without first making use of health data, evidenced-based research, and other facts that serve as the foundation. The CHNA provides indicators of health status, such as the prevalence of disease and its effect in both economic and human terms. By using the CHNA, we can evaluate relevant determinants of health that gives valuable insight in guiding decisions that create a pathway for improving the health of our community.

Everyone in our community should have the opportunity to make healthy behavioral choices (i.e., regarding diet, physical activity, tobacco use, stress) since this can have the most substantial impact on future health outcomes. Wherever possible, through programs, services, public policy or other means, emphasis needs to be placed on prevention and addressing health choices before the medical need. Research has explicitly shown through the County Health Rankings by the Robert Wood Johnson Foundation and others that clinical care represents only 20% of determining health status, while behavioral choices account for 30% and social and economic factors account for 40%.

Through changes in public policy, it is possible that most people, regardless of income, could have the ability to see a doctor. Health insurance does not guarantee good health, but it does provide essential access to preventative health services. It can reduce the risk of deferring needed care and the financial risk associated with receiving care. Our success in building a healthy community should be linked to collective community efforts that nurture its families and communities. We encourage partnerships with local agencies and businesses, civic and religious institutions, government, and community volunteers to join us in this work. Although we may not be able to remove every illness, this Community Health Needs Assessment shows that there is much we can accomplish by fostering good health and addressing gaps. Health begins with healthy relationships, healthy communities, and healthy jobs, which protect us from the stress of everyday life.

Best of Health,

Janie Jaberg, FACHE  
President & CEO  
Wayne UNC Health Care

Davin Madden, MHSA, REHS  
Health Director  
Wayne County Health Department

# Table of Contents

<b>Message to the Community .....</b>	<b>2</b>
List of Figures .....	6
List of Tables.....	8
Executive Summary .....	9
Community Health Needs Assessment (CHNA) Defined.....	9
<b>Introduction .....</b>	<b>13</b>
Community Health Needs Assessment (CHNA) Process .....	13
Wayne County CHNA Collaborative .....	13
Wayne County Health Department .....	13
Wayne UNC Health Care .....	14
About Health ENC.....	14
Consultants .....	14
HealthENC.org .....	15
Distribution .....	16
<b>Evaluation of Progress Since Prior CHNA .....</b>	<b>16</b>
Community Feedback on Prior CHNA .....	16
<b>Acknowledgments .....</b>	<b>17</b>
<b>Methodology.....</b>	<b>18</b>
Overview.....	18
Secondary Data Sources & Analysis .....	18
Health and Quality of Life Topic Areas .....	19
Health ENC Region Comparison .....	19
Primary Data Collection & Analysis.....	20
Community Survey/Distribution.....	20
Demographics of Survey Respondents .....	21
Focus Group Discussions.....	24
Data Considerations .....	25
Prioritization .....	26
Priorities – Focusing on What’s Important.....	27
<b>Overview of Wayne County .....</b>	<b>28</b>
<b>Demographic Profile.....</b>	<b>29</b>
Population.....	29
Age and Gender.....	30
Birth Rate.....	31
Race/Ethnicity .....	31
Tribal Distribution of Population .....	33
Armed Forces.....	33
<b>Socioeconomic Profile .....</b>	<b>36</b>
Income .....	36
Poverty .....	38
Housing.....	40
Food Insecurity.....	41
Subsidized Child Care Assistance.....	42
Child Care Market Rates.....	42
SocioNeeds Index.....	45
<b>Educational Profile .....</b>	<b>47</b>
Educational Attainment.....	47
High School Dropouts.....	48
High School Suspension Rate.....	49
Educational System .....	50
<b>Transportation Profile .....</b>	<b>51</b>
Transportation Infrastructure .....	52
<b>Crime and Safety.....</b>	<b>54</b>
Violent Crime and Property Crime .....	54
Juvenile Crime .....	55
Child Abuse.....	56
Incarceration.....	56
<b>Access to Healthcare, Insurance and Health Resources Information .....</b>	<b>57</b>
Health Insurance .....	57
<b>Civic Activity .....</b>	<b>58</b>
Political Activity.....	58
County Structure.....	59
Adjacent counties.....	59
Townships .....	59

# Table of Contents

Census Designated Places.....	59
Unincorporated Communities.....	59
<b>Findings .....</b>	<b>61</b>
<b>Secondary Data Scoring Results.....</b>	<b>61</b>
<b>Primary Data .....</b>	<b>61</b>
Community Survey .....	61
Focus Group Discussions.....	65
<b>Data Synthesis .....</b>	<b>66</b>
Topic Areas Examined in This Report.....	67
Navigation Within Each Topic.....	68
<b>Public Safety .....</b>	<b>69</b>
Key Issues .....	69
Secondary Data.....	69
Primary Data.....	70
Highly Impacted Populations .....	70
<b>Diabetes.....</b>	<b>71</b>
Key Issues .....	71
Secondary Data.....	71
Primary Data.....	72
Highly Impacted Populations .....	72
<b>Occupational &amp; Environmental Health.....</b>	<b>73</b>
Key Issues .....	73
Secondary Data.....	73
Primary Data .....	73
Highly Impacted Populations .....	74
<b>Respiratory Diseases .....</b>	<b>75</b>
Key Issues .....	75
Secondary Data.....	75
Primary Data.....	76
Highly Impacted Populations .....	76
<b>Economy.....</b>	<b>77</b>
Key Issues .....	77
Secondary Data.....	77
Primary Data.....	78
Highly Impacted Populations .....	79
<b>Mortality (Leading Causes of Death) .....</b>	<b>79</b>
<b>Other Significant Health Needs.....</b>	<b>80</b>
Access to Health Services .....	80
Exercise, Nutrition & Weight .....	81
Substance Abuse .....	82
<b>A Closer Look at Highly Impacted Populations.....</b>	<b>83</b>
Children's Health.....	83
Disparities by Age, Gender and Race/Ethnicity .....	83
Geographic Disparities .....	84
<b>Conclusion .....</b>	<b>85</b>
<b>Appendix A. Impact Since Prior CHNA.....</b>	<b>86</b>
<b>Appendix B. Secondary Data Scoring .....</b>	<b>87</b>
<b>Overview.....</b>	<b>87</b>
Comparison Score.....	87
Indicator Score.....	87
Topic Score.....	87
<b>Comparison Scores .....</b>	<b>88</b>
Comparison to a Distribution of North Carolina Counties and U.S. Counties .....	88
Comparison to North Carolina Value and U.S. Value .....	88
Comparison to Healthy People 2020 and Healthy North Carolina 2020 Targets.....	89
Trend Over Time.....	89
Missing Values .....	89
<b>Indicator Scoring.....</b>	<b>89</b>
<b>Topic Scoring.....</b>	<b>89</b>
Age, Gender and Race/Ethnicity Disparities.....	90
Topic Scoring Table .....	91
Indicator Scoring Table.....	92
Sources.....	107
<b>Appendix C. Primary Data .....</b>	<b>108</b>

Table of Contents

English Survey ..... 109

Spanish Survey ..... 133

Focus Group Questions ..... 158

Appendix D. Community Resources ..... 161

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2018 Wayne County Community Health Needs Assessment

*Produced by the Wayne County Community Health Needs Assessment Planning Partnership Committee, Health ENC, and Conduent Healthy Communities Institute.*



## List of Figures

Figure 1. Health ENC Online Data Platform & 33 County Map .....	15
Figure 2. Secondary Data Scoring.....	18
Figure 3a. Education of Community Survey Respondents-English.....	21
Figure 3b. Education of Community Survey Respondents-Spanish.....	22
Figure 4a. Employment Status of Community Survey Respondents-English .....	22
Figure 4b. Employment Status of Community Survey Respondents-Spanish .....	23
Figure 5a. Health Care Coverage of Community Survey Respondents-English.....	23
Figure 5b. Health Care Coverage of Community Survey Respondents-Spanish.....	24
Figure 6. Total Population (U.S. Census Bureau) .....	29
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010) .....	29
Figure 8. Population by Age (U.S. Census Bureau, 2016) .....	30
Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016) .....	30
Figure 10. Birth Rate (North Carolina State Center for Health Statistics).....	31
Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016) .....	32
Figure 12. Population in Military / Armed Forces (American Community Survey) .....	33
Figure 13. Veteran Population (American Community Survey, 2012-2016) .....	34
Figure 14. Median Household Income (American Community Survey, 2012-2016) .....	36
Figure 15. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016) .....	37
Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016).....	37
Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016).....	38
Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016) .....	38
Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016).....	39
Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016) .....	39
Figure 21. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016) .....	40
Figure 22. Severe Housing Problems (County Health Rankings, 2010-2014) .....	41
Figure 23. Households with Children Receiving SNAP (American Community Survey, 2012-2016) .....	41
Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018).....	45
Figure 25. People 25+ with a High School Degree or Higher and Bachelor's Degree or Higher (American Community Survey, 2012-2016) .....	47
Figure 26 People 25+ with a High School Degree or Higher by Zip Code (American Community Survey, 2012-2016) .....	48
Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction) .....	49
Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction) .....	49
Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016) .....	51
Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016) .....	51
Figure 31. Violent Crime Rate (North Carolina Department of Justice).....	54
Figure 32. Property Crime Rate (North Carolina Department of Justice).....	54
Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety).....	55
Figure 34. Juvenile Delinquent Rate (North Carolina Department of Public Safety).....	55
Figure 35. Child Abuse Rate (Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families) .....	56
Figure 36. Incarceration Rate (North Carolina Department of Public Safety) .....	56
Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016) .....	57
Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016) .....	57
Figure 39. Voting Age Population (American Community Survey, 2012-2016) .....	58
Figure 40. Voter Turnout in the Last Presidential Election (North Carolina State Board of Elections, 2016).....	58
Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents .....	61
Figure 42a. Level of Agreement Among Wayne County Residents in Response to Nine Statements about their Community-English.....	62
Figure 42b. Level of Agreement Among Wayne County Residents in Response to Nine Statements about their Community-Spanish.....	62
Figure 43a. Services Needing the Most Improvement, as Ranked by Survey Respondents-English.....	63
Figure 43b. Services Needing the Most Improvement, as Ranked by Survey Respondents-Spanish .....	63

List of Figures

Figure 44a. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents-English ..... 64

Figure 44b. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents-Spanish ..... 65

Figure 45. Data Synthesis Results ..... 67

Figure 46. Secondary Data Scoring Overview..... 87

Figure 47. Score Range..... 87

Figure 48. Comparisons used in Secondary Data Scoring..... 88

Figure 49. Compare to Distribution Indicator Gauge ..... 88

Figure 50. Distribution of County Values ..... 88

Figure 51. Comparison to Single Value ..... 88

Figure 52. Comparison to Target Value..... 89

Figure 53. Trend Over Time..... 89

## List of Tables

Table 1. Health and Quality of Life Topic Areas .....	19
Table 2. Survey Repondents.....	19
Table 3. Survey Respondents.....	20
Table 4. Significant Health Needs .....	25
Table 5. Population by Gender and Age (U.S. Census Bureau, 2016) .....	31
Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016) .....	33
Table 7. Wayne County Market Rates.....	43
Table 8. Top 25 Largest Employers.....	44
Table 9. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018).....	46
Table 10. Secondary Data Scoring Results by Topic Area .....	61
Table 11. Focus Group Results by Topic Area.....	66
Table 12. Criteria for Identifying the Top Needs from each Data Source.....	66
Table 13. Topic Areas Examined In-Depth in this Report.....	68
Table 14. Description of Gauges and Icons used in Secondary Dara Scoring.....	68
Table 15. Data Scoring Results for Public Safety .....	69
Table 16. Data Scoring Results for Diabetes.....	71
Table 17. Data Scoring Results for Occupational & Environmental Health.....	73
Table 18. Data Scoring Results for Respiratory Diseases .....	75
Table 19. Data Scoring Results for Economy.....	77
Table 20. Leading Causes of Mortality (2014-2016, CDC WONDER) .....	79
Table 21. Indicators with Significant Race/Ethnic, Age, or Gender Disparities .....	83
Table 22. Topic Scores for Wayne County .....	91
Table 23. Indicator Scores by Topic Area .....	92
Table 24. Indicator Sources and Corresponding Number Keys .....	107



## Executive Summary

The Community Health Needs Assessment (CHNA), conducted every three years, is a collaborative process that provides a snapshot of the community strengths, needs, and priorities to better address the many determinants of health. The purpose of the CHNA is to learn about the community, the health of the population, contributing factors that lead to higher health risks or poorer health outcomes, and community assets and resources that can be organized to improve population health. Improving the health of the community is critical to enhancing the quality of life and supporting future prosperity and well-being. Effective planning and decision-making for improving the health of a community requires useful information about the current health status and factors that influence those health statuses.

An accurate portrait of a community's health can always help residents, community groups, and professional organizations prioritize prevention activities and build coalitions to make improvements and address existing problems. This document identifies population health outcomes and essential risk and protective factors that, taken together, describe the health of a community which helps drive action.

## Community Health Needs Assessment (CHNA) Defined



If you have ever wondered about the health of people living in our community, then the CHNA has the answers you are looking for. The CHNA is a year-long community-wide process. The first phase of this process explores community perceptions about health, examines disease and death statistics for the county with comparisons to the state and neighboring Eastern North Carolina counties when possible. Finally, a CHNA identifies significant health problems within the community and,

through community engagement, narrows those health issues to a manageable set of priorities. Community residents and organizations participated through online and paper surveys as well as through focus groups. The second phase, which will launch in the fall of 2019, will outline the actions that the community will take to improve the health status of residents.

Across the state of North Carolina, health departments and non-profit hospitals are required to conduct community health assessments. A collaborative CHNA with broad community representation not only reduces duplicative efforts but also ensures the entire community has a voice in identifying and addressing critical health issues. This collaborative process is used to develop community-wide goals and strategies to address the health priorities identified. This CHNA was sponsored by and complies with the IRS regulations and accreditation requirements for Wayne UNC Health Care and Wayne County Health Department.

The following pages summarize the findings of those that reside in Wayne County. We encourage individuals and organizations to use this information to work together to reduce premature death and illness and to make our community a healthier place overall.

# Quick Facts Wayne County, NC

An estimated **124,150 people** resided in Wayne County in 2016 accounting for approximately **1.2%** of the 10.1 million residents of North Carolina.

The median age of residents in Wayne County is **37 years of age**.

The county has a larger representation of minorities at 37% when compared to the state while 63% of the population is white.

The annual median income was \$40,457 in 2016 with 21.8% of residents living below the federal poverty level.

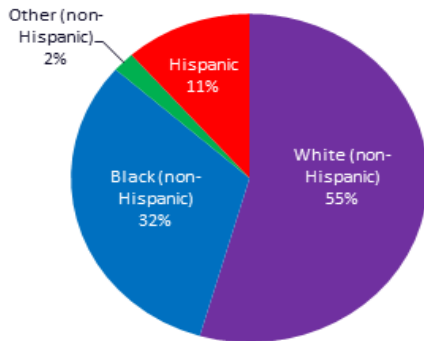
**34.6%** of residents under 18 years of age were living below the federal poverty level.

**83.0%** of Wayne County residents over the age of 25 years of age completed high school and 18.7% completed a bachelors degree or higher.

**29.8%** of all Wayne County residents reported living with some sort of disability.

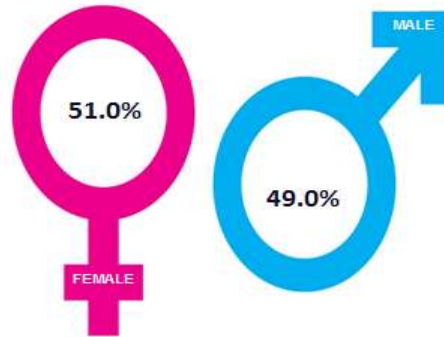
# Wayne County, NC Quick Facts

## Racial Composition



## Population Size

124,150



## Annual Median Income



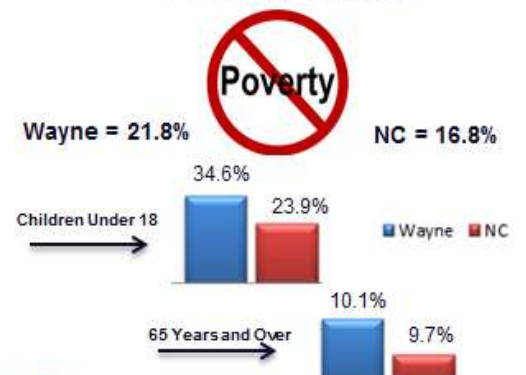
Wayne = \$40,457

North Carolina = \$48,256

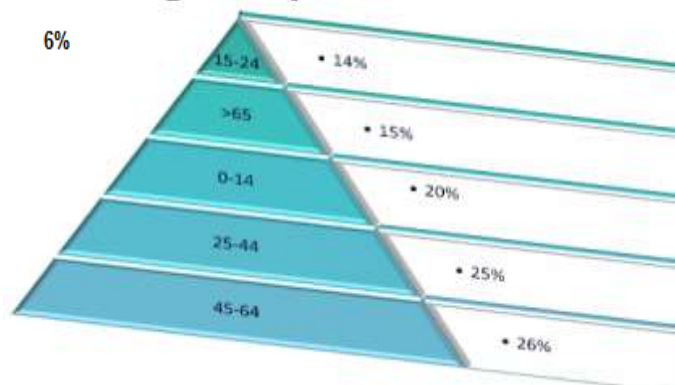
## Education



## Poverty Status



## Age Composition





# Wayne County Top 5 Focus Areas



1 Access To  
Health Services

2 Diabetes

3 Occupational &  
Environmental Health

4 Substance Misuse & Child Health



# Introduction

## Community Health Needs Assessment (CHNA) Process

A CHNA is a useful first step for understanding the health status and health risks in a community.

The community health assessment (CHNA) is the result of collaboration between various community stakeholders to describe the status of the population, identify areas for health improvement, determine factors that contribute to health issues, and identify assets and resources to improve the health status of our community.

As part of the Affordable Care Act, not for profit and government hospitals are required to conduct CHNAs every three years. Similarly, local health departments in North Carolina are required by the Division of Public Health (DPH) in the NC Department of Health and Human Services (DHHS) to conduct periodic community health assessments as well. Local health departments have been required to submit their community health needs assessments once every three to four years with WCHD following the three-year submission cycle.

The goal of this report is to offer a meaningful understanding of the most pressing health needs across Wayne County, as well as to guide planning efforts to address those needs. Special attention has been given to the needs of vulnerable populations, unmet health needs or gaps in services, and input gathered from the community.

Findings from this report will be used to identify, develop and target initiatives to provide and connect community members with resources to improve the health challenges in their communities.

## Wayne County CHNA Collaborative

The 2018 Wayne County CHNA is a partnership between the Wayne County Department, Wayne UNC Health Care, Health ENC and Conduent Healthy Communities Institute, with Wayne UNC Health Care serving as the fiscal sponsor. The committee works together along with several secondary partnering agencies of Wayne County, to leverage resources, reduce duplication of effort, and forge alignment across sectors. In the process, we hope to contribute to an ethic of shared ownership for health among diverse stakeholders in improving health in our communities.

### Wayne County Health Department

Organized in 1919, the mission of Wayne County Health Department (WCHD), through our responsive and professional staff, is to preserve, promote and protect the health of our community by preventing disease, protecting the environment and promoting healthy living. WCHD plays a critical role in the identification of local health needs, determination of strategies to address issues and collaboration of local partners to bring shared health agendas to life. Many of the clients that are served within the walls of the health department are those that receive Medicaid benefits or have limited financial resources; however, all citizens benefit in some way from our services. As advocates of public health, we strive daily to provide the best possible health services for everyone, everywhere in Wayne County, North Carolina. As we approach our centennial year, WCHD has 12 overarching programs that are responsible for

protecting, assessing and assuring individual, community and environmental health. As a local health department, we are on the front lines of conducting programs that are shown to effectively make communities healthier by monitoring local health data and trends; detecting and stopping outbreaks of disease; protecting children and adults from infectious disease through immunizations and treatment; reducing maternal complications and poor pregnancy outcomes; lead and support efforts that prevent and reduce the effects of chronic disease and other illness; reducing health disparities with the goal of advancing health equity; and ensuring the safety of our citizens and visitors through emergency preparedness and response.

As a leader in public health, WCHD has taken on the challenges of addressing the public health needs of those most at-risk by forging community partnerships and community action that provide or coordinate direct services or promote policy, systems or environmental change.

### **Wayne UNC Health Care**

For more than 100 years, family, friends, and neighbors of Wayne County and eastern North Carolina continue to rely on compassionate and advanced health care that is close to home for residents of Wayne County and surrounding communities. The mission of Wayne UNC is “Patients First. Quality Health Care. Close to Home.” In achieving our mission, Wayne UNC fulfills a promise made to our native community to provide comprehensive care, a full range of specialties and a consistently high standard of patient-centered care to all our patients. The values of Wayne UNC “drive our actions and behavior each and every day which are Compassion, Respect, Quality, Teamwork, and Integrity.

Wayne UNC is a 316-bed nonprofit hospital affiliate of UNC Health Care, a leading national health care system in North Carolina. Our collaboration with UNC allows local access to skilled UNC doctors and specialists and advanced treatments and technology. With 1,700 employees and more than 150 physicians, Wayne UNC has a reputation in eastern North Carolina for providing excellent, high-quality medical care in addition to patient-centered care to encourage healing and improved quality of life. Wayne UNC offers a variety of robust services including but not limited to Cancer Care, Heart & Vascular Care, Neurology, Orthopedics, Primary Care, Rehabilitation & Therapy, Surgery, and Women’s Services.

## **About Health ENC**

Initiated in 2015 by the Office of Health Access at the Brody School of Medicine at East Carolina University, Health ENC grew out of conversations with health care leaders about improving the community health needs assessment (CHNA) process in eastern North Carolina. Health ENC, now a program of the Foundation for Health Leadership and Innovation (FHLI), coordinates a regional CHNA in 33 counties of eastern North Carolina. Health ENC is comprised of more than 40 organizations. Twenty-two hospitals, twenty-one health departments, and two health districts participated in the regional CHNA. In addition, the Health ENC Program Manager works to build coalitions and partnerships that will address health issues identified through the regional CHNA process.

### **Consultants**

Health ENC commissioned Conduent Healthy Communities Institute (HCI) to assist with its Community Health Needs Assessment.

Conduent Healthy Communities Institute is a multi-disciplinary team of public health experts, including healthcare information technology veterans, academicians and former senior government officials, all



committed to helping health-influencing organizations be successful with their projects. Conduent HCI uses collaborative approaches to improve community health and provides web-based information systems to public health, hospital, and community development sectors, to help them assess population health.

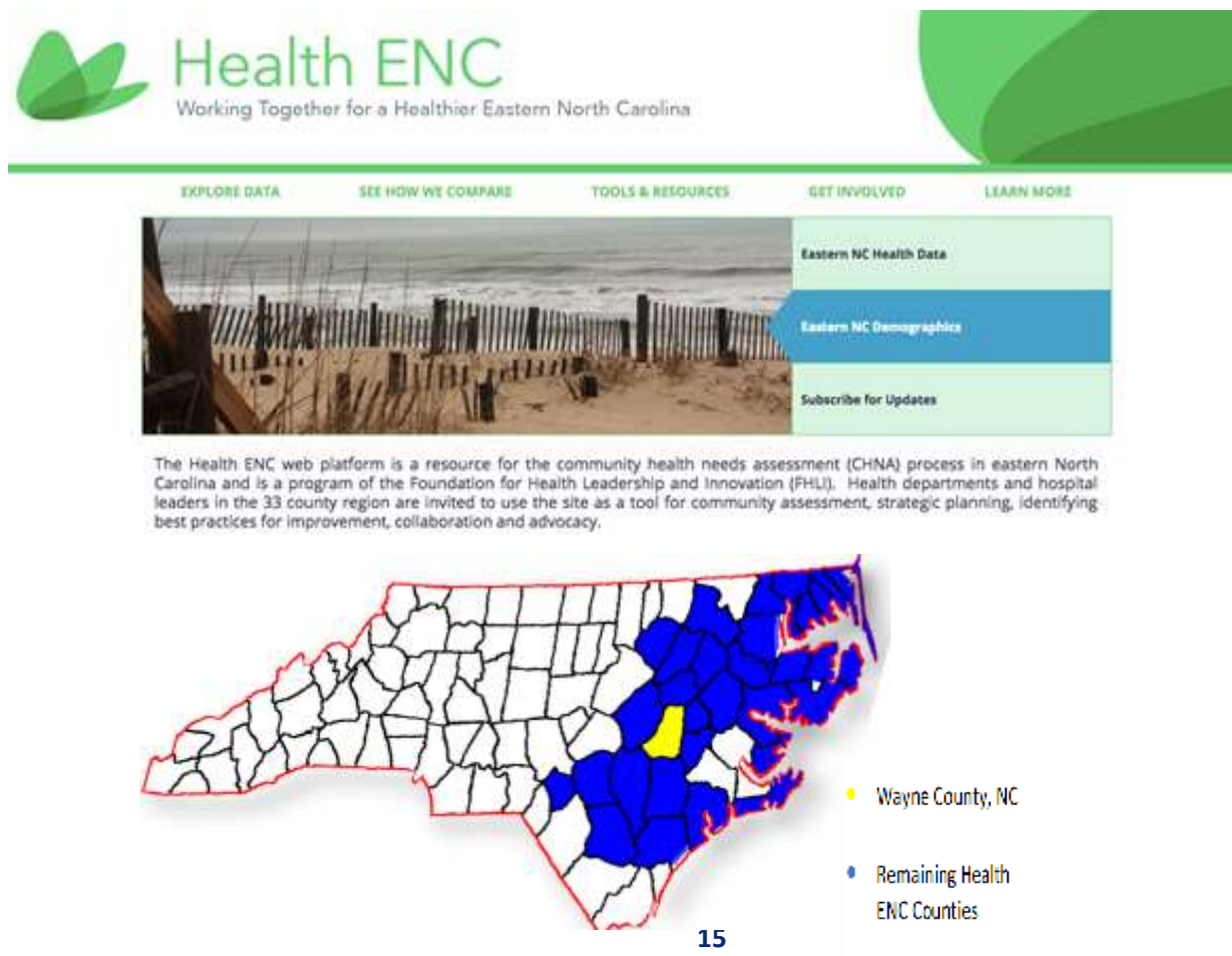
## HealthENC.org

The Health ENC web platform, shown in Figure 1, is a resource for the community health needs assessment process in eastern North Carolina. The website serves as a “living” data platform, providing public access to indicator data that is continuously updated, easy to understand and includes comparisons for context. Much of the data used in this assessment is available on HealthENC.org and can be downloaded in multiple formats. Results of the 2018 Eastern North Carolina Community Health Survey can be downloaded by county or the entire Health ENC Region.

In addition to indicator data, the website serves as a repository for local county reports, funding opportunities, 2-1-1 resources and more. Health departments, hospital leaders and community health stakeholders in the 33-county region are invited to use the website as a tool for community assessment, strategic planning, identifying best practices for improvement, collaboration and advocacy.

Visit HealthENC.org to learn more.

**Figure 1. Health ENC Online Data Platform & 33 County Region**



## Distribution

The 2018 CHNA will be disseminated in a variety of ways. Electronically, the document will be made available on the following websites:

- HealthENC.org
- [www.waynegov.com/241/Health-Department](http://www.waynegov.com/241/Health-Department)
- [www.wayneunc.org](http://www.wayneunc.org)

Hard copies will also be distributed to key stakeholders, each local library branch, and additional copies will be printed upon request. A CHNA facilitator will present the CHNA data during a Board of Health Meeting, Wayne County Commissioners Meeting, and Wayne UNC Health Care Board Meeting and to members of the community and other organizations upon request.

Your feedback is important to us. The Community Health Needs Assessment Team welcomes any further comments or ideas from the community. Please submit comments and input using one of the following methods:

**By email:** [WCHD.Feedback@waynegov.com](mailto:WCHD.Feedback@waynegov.com)

**Facebook:** Wayne County Health Department – [www.facebook.com/Wayne-County-Health-Department-124541364290296](https://www.facebook.com/Wayne-County-Health-Department-124541364290296) or Wayne UNC Health Care – [www.facebook.com/waynehealth](https://www.facebook.com/waynehealth)

**By mail:** Wayne County Health Department  
Attn: Community Health Needs Assessment  
301 N Herman Street, Box CC  
Goldsboro, NC 27530

## Evaluation of Progress Since Prior CHNA



The community health improvement process should be viewed as a continuous cycle. An essential piece of that cycle is revisiting the progress made on priority health topics outlined in the preceding community health needs assessment. By reviewing the actions taken to address priority health issues and evaluating the impact those actions have made in the community, it is possible to better target resources and efforts during the next phase of the CHNA cycle.

As part of the 2015 Wayne County Community Health Needs Assessment, Access to Healthcare, Health Conditions, and Education were selected as prioritized health needs. A detailed table describing the strategies/action steps and indicators of improvement for each priority area can be found in Appendix A.

## Community Feedback on Prior CHNA

The 2015 Wayne County Community Health Needs Assessment was made available to the public via the Wayne County Health Department website, and hard copies are available at each local library branch and were provided to key stakeholders. Community members were invited to submit feedback, and no comments were received on the preceding CHNA at the time this report was created.

# Acknowledgments

We want to thank the residents and community partners of Wayne County for their time and engagement in this Community Health Needs Assessment. The feedback shared during this process will help shape the goals and objectives moving forward in the strategic areas of focus for our county. We especially thank the 1,500+ residents that took the time to respond to the 2018 CHNA survey and those who participated in the focus groups. We are grateful for the inclusion of narratives and data reflecting people's lives, experiences, and priorities to inform and guide this process.

In addition, we would like to thank the following groups and individuals:

## **Wayne County Community Health Needs Assessment Team:**

- Celita Graham, CHNA Coordinator, Wayne County Health Department
- Melissa Shay, Wayne UNC Health Care
- Brittani Schultze-Gardner, Wayne UNC Health Care
- Jeremy Cayton, Wayne UNC Health Care
- Davin Madden, Wayne County Health Department
- Janie Jaberg, Wayne UNC Health Care

## **Important Contributors:**

- Brittney Davis, Wayne County Health Department
- Jessica Simpson, Wayne County Health Dept.
- Dakiah Rowe, Wayne County Health Department
- Brenna Wolfe, Wayne County Health Department
- Paula Sowers, Wayne UNC Health Care
- Pam Anderson, Wayne UNC Health Care
- Paige Fields, WATCH
- Naisha Coley, WATCH
- Vandora Barrett, WATCH
- Steve Keen, N.C. Environmental Management Commission/Adair LLC
- Vanessa Spiron, Goldsboro Family YMCA
- Amanda Pate, United Way of Wayne County
- Dustin Bannister, United Way of Wayne County
- Shelly Willis, Partnership for Children of Wayne County
- Alexandria Davis, Partnership for Children of Wayne County
- Ethel Barnes, Social Security Administration
- Kate Daniels, Wayne County Chamber of Commerce
- Elizabeth Curry, Wayne Community College
- Charles Gaylor, Wayne Community College
- Mark Colebrook, Operation United Goldsboro
- BreAnna VanHook, Communities Supporting Schools of Wayne County
- Craig Honeycutt, Wayne County Government
- Christopher Horne, Goldsboro High School
- Doricia Benton, Community Soup Kitchen of Goldsboro
- Captain's Phillip and Sherrie Stokes, Salvation Army of Goldsboro
- Gladys McClary, W.A. Foster Recreation Center
- Don Willis, Goldsboro Wayne Transportation Authority
- Paula Edwards, Wayne County Services on Aging

## **Essential Community Partners:**

- Wayne County Health Department
- Wayne UNC Health Care
- WATCH
- Spring Creek FWB Church
- Day Reporting Center of Wayne County
- Wayne County Facilities Services
- Wayne County Department of Social Services
- Goldsboro Wayne Transportation Authority
- Rosewood High School
- WAGES
- Delta Sigma Theta Sorority, Inc. - Goldsboro Alumnae Chapter
- Smith Chapel FWB Church
- Victory FWB Church
- Literacy Connections
- Veterans Services of Wayne County
- Goldsboro Public Works
- Cooperative Extension

# Methodology



## Overview

To fully understand the strengths, weaknesses, and the future potential of a community, data collection is very critical. The data collected is used to help answer community-related questions or understand a specific issue(s). Two types of data are analyzed for this Community Health Needs Assessment: secondary data and primary data. Secondary data is data that has been collected from other pre-existing sources while primary data has been collected directly from members of the community through a community health opinion survey and focus groups. Primary data can complement or expand secondary data sources by filling in gaps, highlighting critical needs, issues or resource availability and providing opportunities for community members to actively engage. Each type of data is analyzed using a unique methodology, and findings are organized by health topic areas. These findings are then synthesized for a comprehensive overview of the health needs in Wayne County.

## Secondary Data Sources & Analysis

Secondary data used for this assessment were collected and analyzed from Conduent HCI's community indicator database. The database, maintained by researchers and analysts at Conduent HCI, includes over 100 community indicators from various state and national data sources. See Appendix B for a full list of data sources used.

The main source of the secondary data used for this assessment is [HealthENC.org](http://www.healthenc.org)<sup>1</sup>, a web-based community health platform developed by Conduent Healthy Communities Institute. The Health ENC dashboard brings non-biased data, local resources, and a wealth of information in one accessible, user-friendly location. The secondary data analysis was conducted using Conduent HCI's data scoring tool, and the results are based on the 154 health and quality of life indicators that were queried on the Health ENC dashboard on July 18, 2018. The data is primarily derived from state and national public data sources such as the US Census Bureau, American Community Survey, the NC State Center for Health Statistics, and the NC Department of Instruction to name a few. For each indicator on the platform, there exist several comparisons to assess Wayne County's status, including how Wayne County compares to other communities, whether health targets have been met, and the trend of the indicator value over time.

Conduent HCI's data scoring tool systematically summarizes multiple comparisons to rank indicators based on highest need (Figure 2). For each indicator, the Wayne County value

**Figure 2. Secondary Data Scoring**



<sup>1</sup> Health ENC is an online platform that provides access to health, economic and quality of life data, evidence-based programs, funding opportunities and other resources aimed at improving community health. The platform is publicly available and can be accessed at <http://www.healthenc.org/>.

is compared to a distribution of North Carolina and U.S. counties, state and national values, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over the four most recent time periods of measure. Each indicator is then given a score based on the available comparisons. The scores range from 0 to 3, where 0 indicates the best outcome and 3 indicates the worst outcome. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected from other communities, and changes in methodology over time. The indicators are grouped into topic areas for a higher-level ranking of community health needs.

Please see Appendix B for further details on the secondary data scoring methodology.

## Health and Quality of Life Topic Areas

Table 1 shows the health and quality of life topic areas into which indicators are categorized. These topic areas are broadly based on the Healthy People 2020 framework, with each topic area containing multiple indicators. The five topic areas exhibiting the most significant need as evident by the secondary data analysis are included for in-depth exploration in the data findings. Four topic areas specific to population subgroups, including Children's Health, Men's Health, Women's Health, and Older Adults & Aging, include indicators spanning a variety of topics. If a particular subgroup receives a high topic score, it is not highlighted independently as one of the top 5 findings, but is discussed within the narrative as it relates to highly impacted populations. Three additional categories (County Health Rankings, Mortality Data, and Wellness & Lifestyle) are not considered for in-depth exploration, since all three are general categories that include indicators spanning from a wide variety of topics. Topic areas with fewer than three indicators are considered to have data gaps and do not receive topic scores. These topics are indicated by an asterisk in Table 1.

**Table 1. Health and Quality of Life Topic Areas**

<b>Access to Health Services</b>	<b>Family Planning*</b>	<b>Prevention &amp; Safety</b>
<b>Cancer</b>	Food Safety*	Public Safety
<b>Children's Health</b>	Heart Disease & Stroke	Respiratory Diseases
<b>County Health Rankings</b>	Immunizations & Infectious Diseases	Social Environment
<b>Diabetes</b>	Maternal, Fetal & Infant Health	Substance Abuse
<b>Disabilities*</b>	Men's Health	Teen & Adolescent Health*
<b>Economy</b>	Mental Health & Mental Disorders	Transportation
<b>Education</b>	Mortality Data	Vision*
<b>Environment</b>	Older Adults & Aging	Wellness & Lifestyle
<b>Environmental &amp; Occupational Health</b>	Other Chronic Diseases	Women's Health
<b>Exercise, Nutrition, &amp; Weight</b>	Oral Health*	

\*Topic area has fewer than 3 indicators and is considered a data gap. No topic score is provided.

## Health ENC Region Comparison

When available, county-level data is compared to the state of North Carolina, as well as Health ENC Counties. The Health ENC region consists of 33 counties in eastern North Carolina participating in the



regional CHNA: Beaufort, Bertie, Bladen, Camden, Carteret, Chowan, Cumberland, Currituck, Dare, Duplin, Edgecombe, Franklin, Gates, Greene, Halifax, Hertford, Hoke, Hyde, Johnston, Lenoir, Martin, Nash, Onslow, Pamlico, Pasquotank, Pender, Perquimans, Pitt, Sampson, Tyrrell, Washington, Wayne and Wilson. Values for the Health ENC region were calculated by aggregating data from these 33 counties.

## Primary Data Collection & Analysis

*Tell us what you think...*

To expand upon the information gathered from the secondary data, Health ENC Counties collected community input. Primary data used in this assessment consists of focus groups and both an English-language and Spanish-language community survey. All community input tools are available in Appendix C.

### Community Survey/Distribution

The focus of this project was to collect public opinions from community members in Wayne County regarding their health and quality of life. Such input is intended to help improve the major health and community issues in the county. The following information details the results of the survey data collection effort, which consisted of a 57-question regional-wide survey available in both paper and online formats. Survey Monkey was the tool used to distribute and collect responses for the community survey. Completed paper surveys were entered into the Survey Monkey tool.

Specifically, the survey was made available to the community for 8 weeks, from May 7, 2018 until June 30, 2018. Surveys were distributed in both English and Spanish. Paper surveys were distributed to key locations throughout the county, and the online survey link was posted on several county websites. Following data collection, all responses from the surveys were combined to create a single, overall sample of responses.

Table 2 summarizes the number of survey respondents. A total of 18,917 responses were collected across all 33 counties, with a survey completion rate of 86.5%, resulting in 16,358 complete responses across the entire survey area. A total of 1,492 responses were collected from Wayne County residents, with a survey completion rate of 86.2%, resulting in 1,286 complete responses from Wayne County. The survey analysis included in this CHNA report is based on complete responses.

**Table 2. Survey Respondents**

Service Area	Number of Respondents*		
	English Survey	Spanish Survey	Total
<b>All Health ENC Counties</b>	15,917	441	16,358
<b>Wayne County</b>	1254	32	1286

\*Based on complete responses

Survey participants were asked a range of questions related - but not limited - to: what populations are most negatively affected by poor health outcomes in Wayne County, what their personal health challenges are, and what the most critical health needs are for Wayne County. The survey instrument is



available in Appendix C. Survey results for the English and Spanish responses were analyzed and are presented separately.

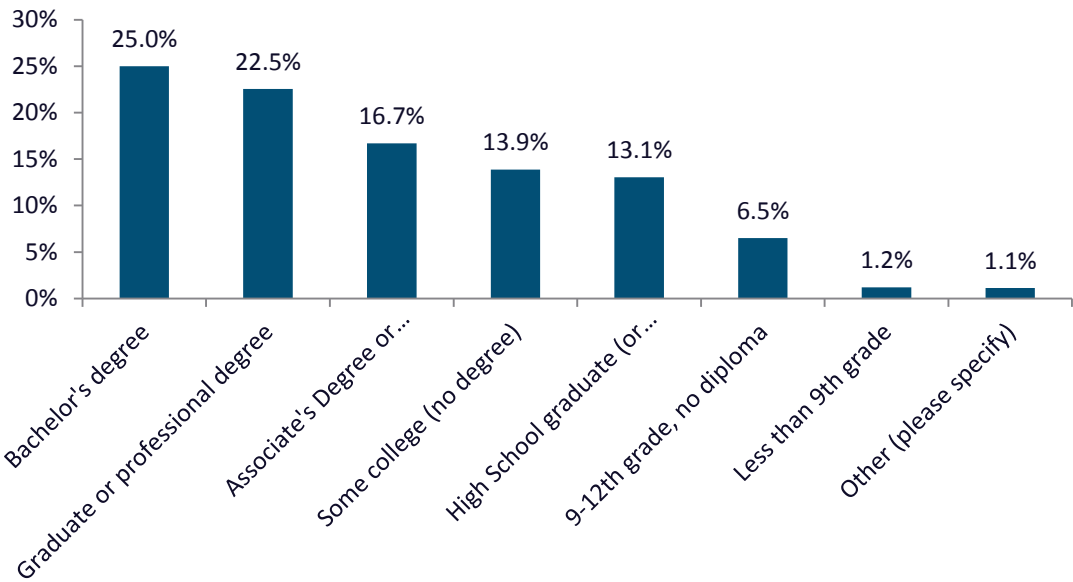
Demographics of Survey Respondents

The following charts and graphs illustrate Wayne County demographics of the community survey respondents.

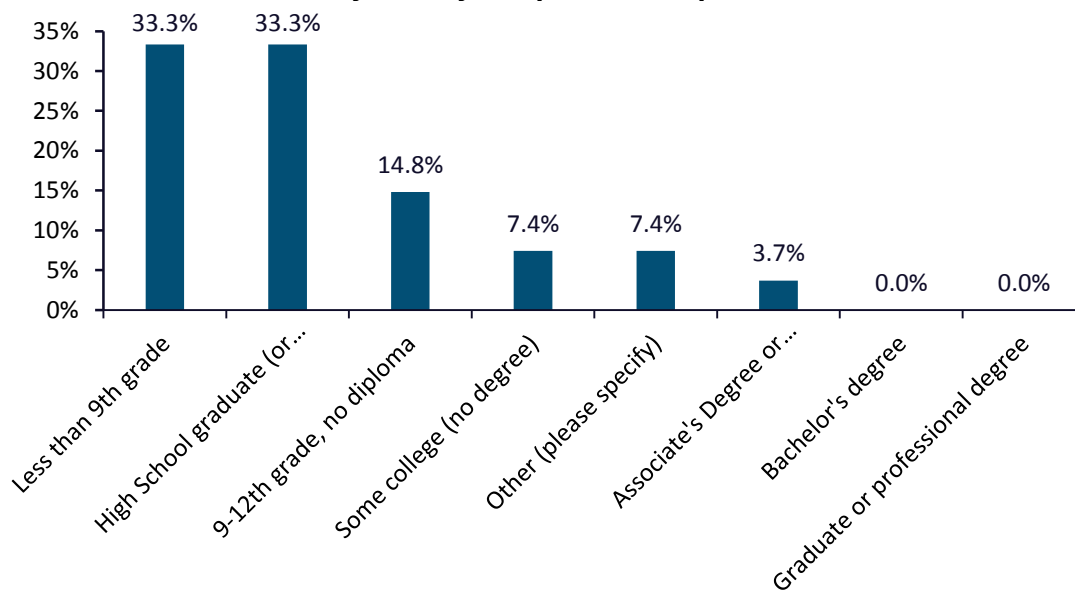
Among Wayne County survey participants, 65.5% of the English survey respondents were over the age of 50, with the highest concentration of respondents (13.3%) grouped into the 55-59 age group. Spanish survey respondents were younger with most under the age of 40 (83.9%). The majority of respondents for both surveys were female (75.9 % English, 100% Spanish). 69.5% of the English survey respondents identified as white, 26.8% identified as Black and 94.5% identified as non-Hispanic, while 50% of Spanish survey respondents identified as white and 45.8% identified as other race. Spanish survey participants also identified as either Mexican (45.2%) or other Hispanic/Latino (41.9%). English is the primary language spoken at home for English survey participants (98.2%) while Spanish survey participants primarily do not speak English at home (87.1%).

English survey respondents held higher levels of education than Spanish respondents, with the highest share of respondents (25%) having a bachelor’s degree and the next highest share of respondents (22.5%) having a graduate or professional degree (Figure 3 a & b). Comparatively Spanish respondents had less than a 9<sup>th</sup> grade education (33.3%) or had graduated high school (33.3%).

Figure 3a. Education of Community Survey Respondents-English

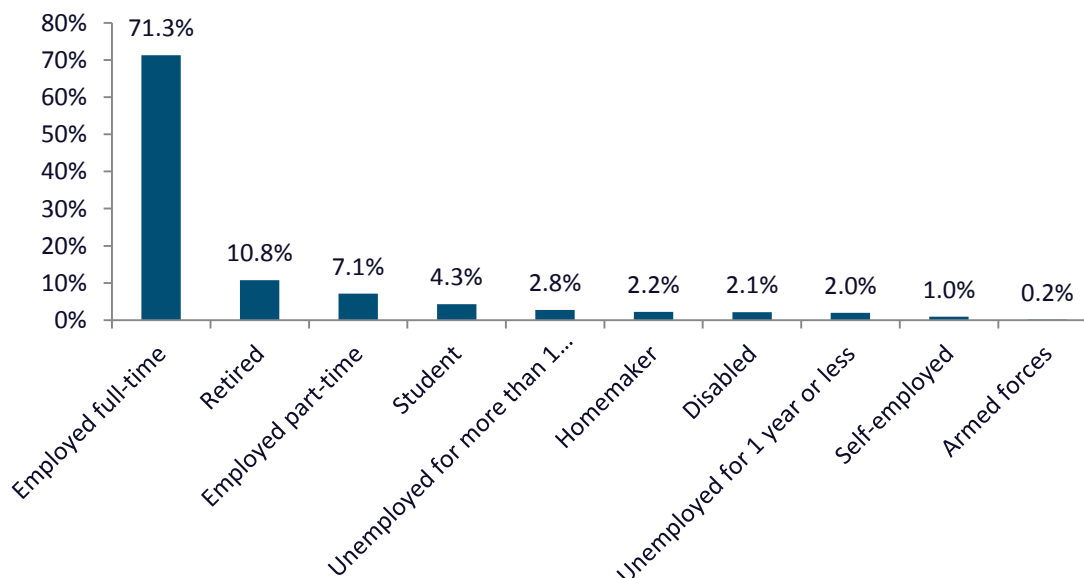


**Figure 3b. Education of Community Survey Respondents-Spanish**



As shown in Figure 4 a-b, almost three-quarters of English respondents were employed full-time (71.3%). Over one-third of Spanish respondents were employed full time (37.9%) and about another one-third were homemakers. The average household size was 2.8 individuals in the English survey compared to 4.8 individuals in the Spanish survey. The majority of Spanish survey respondents household income before taxes was less than \$34,999 (88.9%). English survey respondents household income was greater than \$35,000 before taxes, with the highest concentration of respondents household income between \$50,000-74,999 (22.9%).

**Figure 4a. Employment Status of Community Survey Respondents-English**



**Figure 4b. Employment Status of Community Survey Respondents-Spanish**

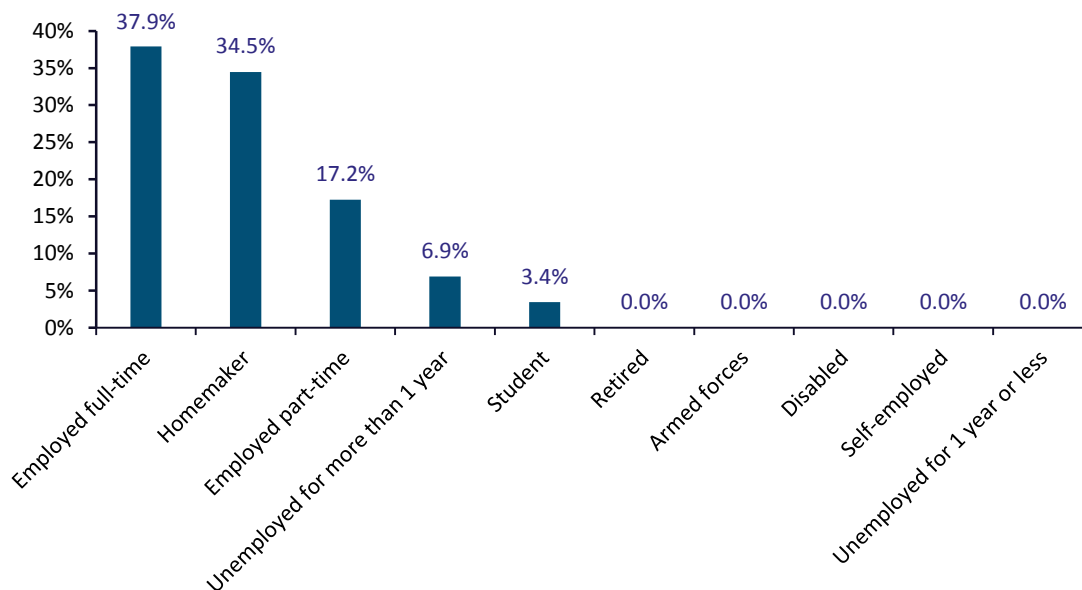
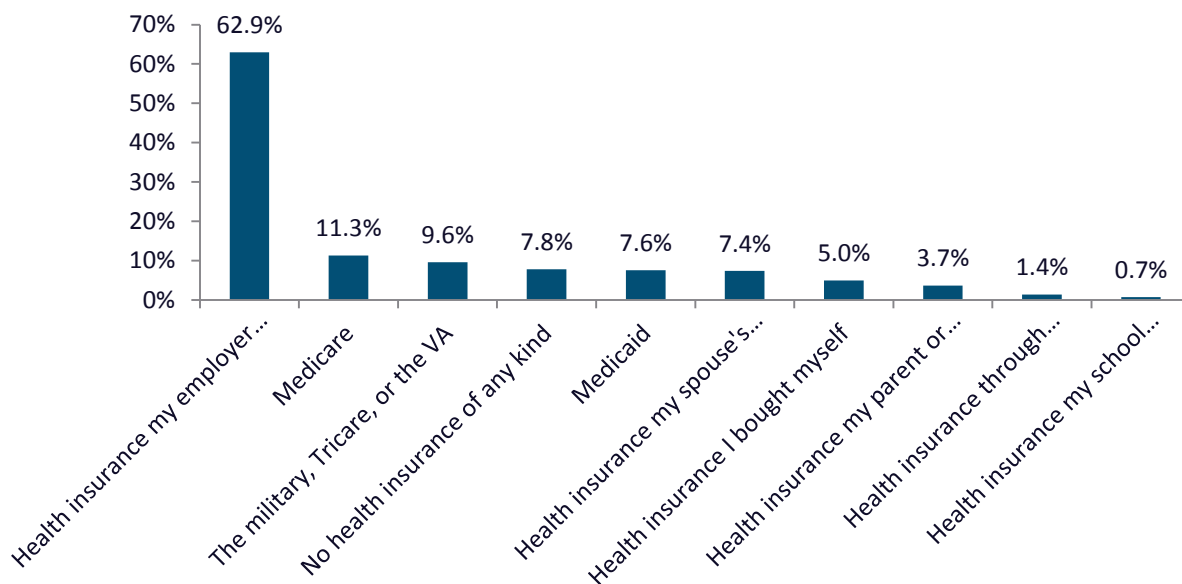
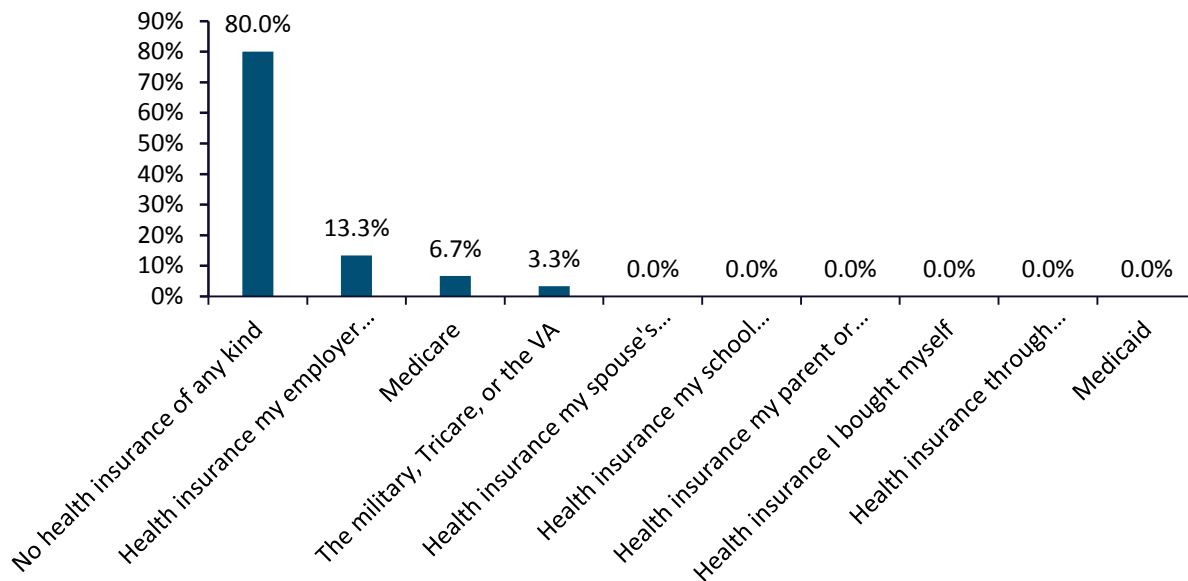


Figure 5 a-b shows the health insurance coverage of community survey respondents. Most English survey respondents have health insurance provided by their employer (62.9%) or Medicare (11.3%) and 7.8% have no health insurance of any kind. 80% of Spanish survey respondents reported having no insurance of any kind and 13.3% have insurance through their employer.

**Figure 5a. Health Care Coverage of Community Survey Respondents-English**



**Figure 5b. Health Care Coverage of Community Survey Respondents-Spanish**



Overall, the community survey participant population differs greatly across the English and Spanish surveys for education, income, individuals in the home and insurance coverage. The survey was a convenience sample survey, and thus the results may not be representative of the community population as a whole.

Key findings from select questions on the community survey are integrated into this report by theme or topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. This approach is intended to offer a meaningful understanding of health needs. A summary of full survey results (all 57 questions) is available on [HealthENC.org](http://HealthENC.org). Full results can be downloaded by county or for the entire Health ENC Region.

### **Focus Group Discussions**

Another form of community input was collected through focus groups. Focus groups are carefully constructed dialogues that invite diverse groups of people to discuss important and pressing issues. Focus groups provide community members with an opportunity to engage in productive learning and sharing sessions. Focus group discussions focused on community strengths, opportunities for improvement, existing resources, health needs, and possible solutions for improving the health of Wayne County. A list of questions asked at the focus groups is available in Appendix C.

The purpose of the focus groups was to engage with a broad cross-section of individuals such as youth, healthcare workers, or the uninsured, to name a few.

Conduent HCI consultants developed a Focus Group Guide and led training webinars for Health ENC members. Topics included facilitation techniques, moderator and note taker roles, as well as tips and expectations for documenting focus group discussions. The list of focus group questions was reviewed and a transcript was provided for documentation purposes.

Seven focus group discussions were completed within Wayne County from June 13, 2018 – July 26, 2018 with a total of 70 individuals. Participants included community members of various ages, leaders from community organizations and perspectives of underserved or underrepresented populations. Table 3 shows the date, location, population type, and number of participants for each focus group.

**Table 3. List of Focus Group Discussions**

<b>Date Conducted</b>	<b>Focus Group Location</b>	<b>Population Type</b>	<b>Number of Participants</b>
<b>6/13/2018</b>	WATCH	Uninsured Individuals in Wayne County	7
<b>6/26/2018</b>	Peggy Seegars Senior Center	Adults 60 and Older	11
<b>6/26/2018</b>	The Salvation Army of Goldsboro	County Volunteers	8
<b>7/10/2018</b>	Community Soup Kitchen of Goldsboro	Community Members; African American, Adults	7
<b>7/17/2018</b>	W.A. Foster Center	Community Members; African American, Mixed Ages	13
<b>7/25/2018</b>	Wayne UNC Health Care	Community and Religious Leaders	10
<b>7/26/2018</b>	Wayne UNC Health Care	Community College and Public School Officials	14

Focus group transcripts were coded and analyzed by a common theme. The frequency with which a topic area was discussed in the context of needs and concerns or barriers and challenges to achieving health was used to assess the relative importance of the need in the community. Key themes that emerged from the focus group discussions are integrated into this report by topic area, with an emphasis on the most significant needs as evidenced by both primary and secondary data. Additional analysis of focus group findings is available on [HealthENC.org](http://HealthENC.org).

Results of the focus group dialogues compliment the results from other forms of primary data collected (the community survey) and support the findings from the secondary data scoring. By synthesizing the discussions that took place at the focus groups in tandem with the responses from the community survey, the primary data collection process for Wayne County is rich with involvement by a cross section of the community.

## **Data Considerations**

Several limitations of the data should be considered when reviewing the findings presented in this report. Although the topics by which data are organized cover a wide range of health and health-related areas, within each topic there is a varying scope and depth of data availability. In some topics there is a robust set of secondary data indicators, but in others there, may be a limited number of indicators for which data is collected, or limited subpopulations covered by the indicators.

Data scores represent the relative community health need according to the secondary data that is available for each topic and should not be considered to be a comprehensive result on their own. In addition, these scores reflect what was found in the secondary data for the population as a whole, and do not factor in the health or socioeconomic need that is much greater for some subpopulations. In addition, many of the secondary data indicators included in the findings are collected by survey, and though methods are used to best represent the population at large, these measures are subject to instability—especially among smaller populations.

The disparities analysis, used to analyze the secondary data, is also limited by data availability. In some instances, data sources do not provide subpopulation data for some indicators, and for other indicators, values are only available for a select number of race/ethnic groups. Due to these limitations, it is not possible to draw conclusions about subpopulation disparities for all indicators.

The breadth of primary data findings is dependent on several factors. Focus group discussion findings were limited by which community members were invited to and able to attend focus group discussions, as well as language barriers during discussion for individuals whose native language is not English. Because the survey was a convenience sample survey, results are vulnerable to selection bias, making findings less generalizable for the population as a whole.

## Prioritization

Through a synthesis of the primary and secondary data, significant health needs/areas of opportunity were determined for Wayne County and are displayed in Table 4.

**Table 4. Significant Health Needs**

Access to Health Services
Diabetes
Economy
Exercise, Nutrition & Weight
Occupational & Environmental Health
Public Safety
Respiratory Diseases
Substance Abuse

It would be unrealistic to feasibly tackle all 8 health issues areas of opportunity identified and attain measurable improvement. Addressing a small number of health issues in a coordinated, rigorous manner is more effective than uncoordinated efforts aimed at multiple problems. Identifying a few priorities will allow our community to concentrate limited resources to achieve the most significant impact on what is most important. A Relative Worth Methodology was used to select the top four health issues that affect the county. The local CHNA Prioritization Committee, which is comprised of health, social service, business and governmental entities, and community representatives, participated in the prioritization process. The Prioritization Committee represents a cross-section of organizations and individuals with experience and knowledge of the health problems across the various communities within the county. The steps in the Relative Worth Method are as follows:

1. Before voting, the Prioritization Committee received a detailed presentation on the results from the community survey, focus groups, and data analysis.



2. Participants were initially given three votes.
3. Criteria for consideration during voting included magnitude of the problem and existence of health disparities.
4. Participants distributed their votes among the eight significant health needs/areas of opportunity.
5. The health concerns with the highest number of votes were selected as the top priorities for the community.
6. This was followed by discussion and consensus building around the priorities.

### **Priorities – Focusing on What's Important**

The prioritization process gives clear direction on what health outcomes are most important for our community to address over the next three years. Access to Health Care, Diabetes, and Environmental and Occupational Health are the top 3 priorities, while substance misuse and child health are additional growing concerns.



Community Engagement – Wayne County CHNA Priorities Selection Process 4/29/19

# Overview of Wayne County

Nestled between the North Carolina coast and the state capital, Wayne County, North Carolina is more than your average community in Eastern North Carolina. From poultry to pickles, to pork, to planes, Wayne County is the home of several world-renowned establishments. As the third largest agriculture producer in North Carolina, the county's rich agriculture history has paved the way for a diverse array of agribusiness located throughout the county. Mount Olive, NC a small town on the southern tip of the county is the home to Mount Olive Pickle Company, the largest pickle company in the United States. Goldsboro Milling Company, located within the county seat, is the parent company of Butterball Turkey, the largest producer of turkey products in the United States. Outside of its strong, rich, and fertile agricultural roots, Wayne County has a strong military presence as the home of Seymour Johnson Air Force Base. Seymour Johnson is a major Air Combat Command base and is the current home to over 6,400 military members that serve within the 4th Fighter Wing and the 16th Air Refueling Wing.

## *The 4 P's of Goldsboro/Wayne*



# Demographic Profile

The demographics of a community significantly impact its health profile. Population growth has an influence on the county’s current and future needs. Specific population subgroups, including veterans and different age, gender, race, and ethnic groups, may have unique needs and require varied approaches to health improvement efforts. The following section explores the demographic profile of Wayne County, North Carolina.

## Population

According to the U.S. Census Bureau’s 2016 population estimates, Wayne County has a population of 124,150 (Figure 6). The population of Wayne County has decreased from 2013 to 2016.

Figure 6. Total Population (U.S. Census Bureau)

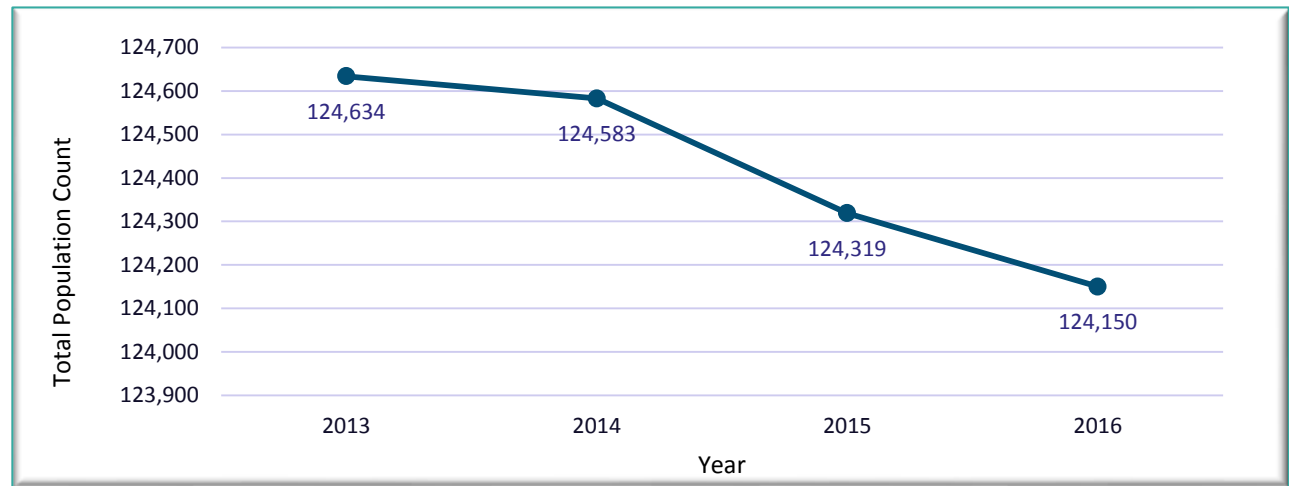
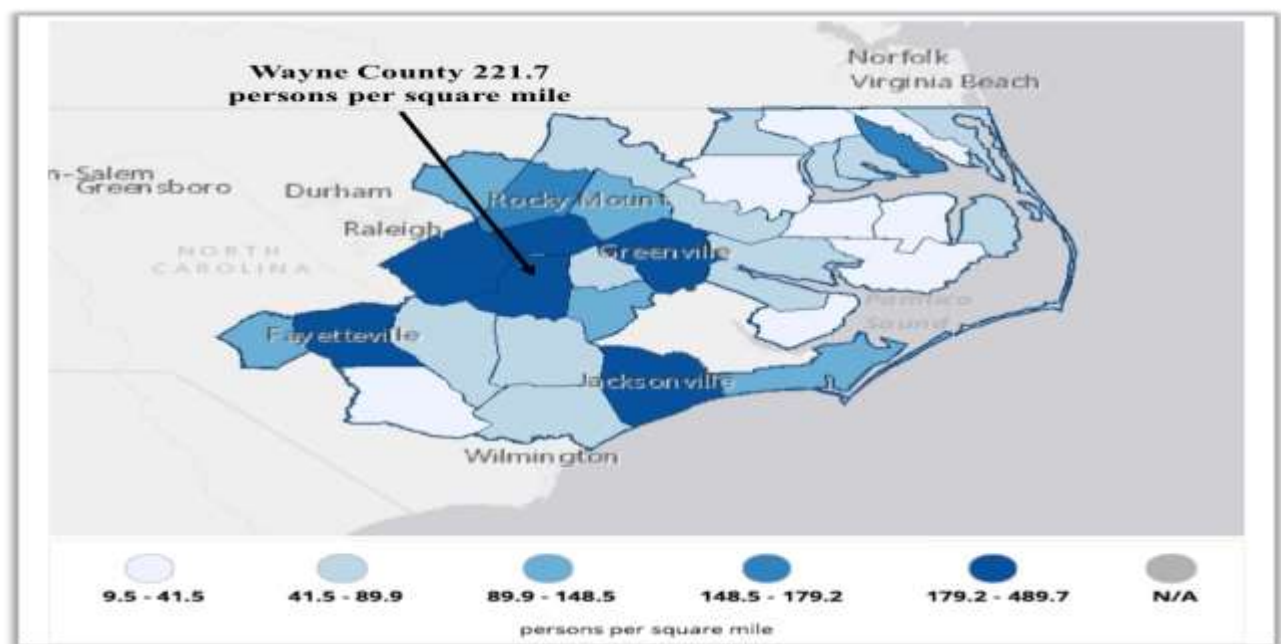


Figure 7 shows the population density of Wayne County compared to other counties in the Health ENC region. Wayne County has a population density of 221.7 persons per square mile and is more densely populated than most counties in the Health ENC region.

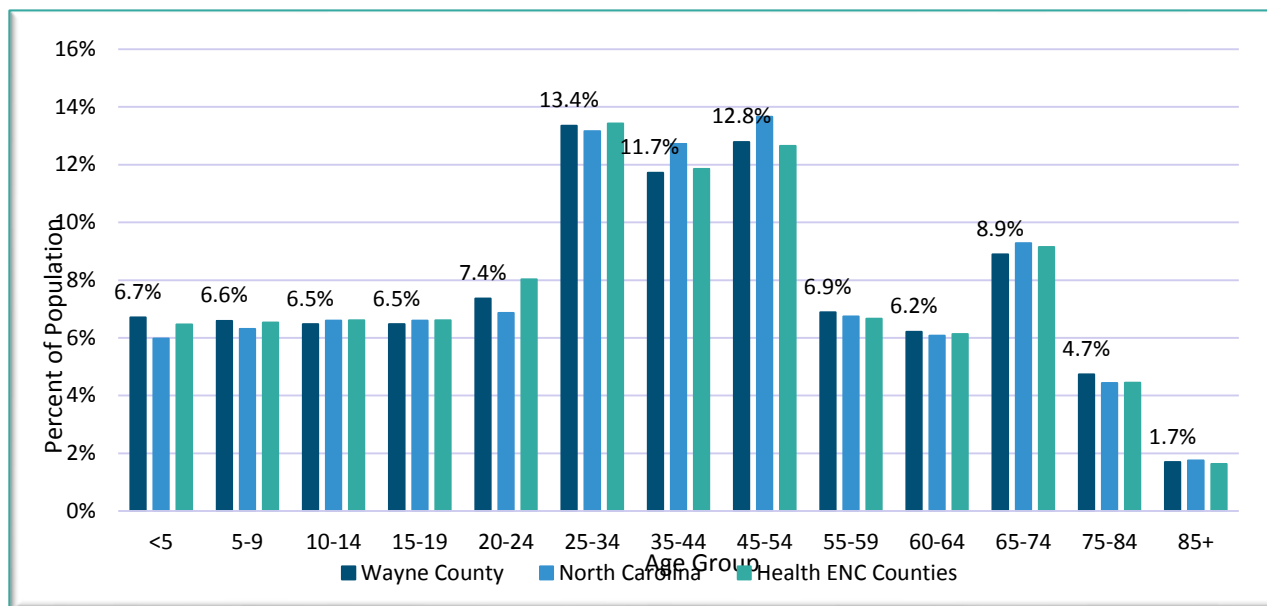
Figure 7. Population Density of Health ENC Counties (U.S. Census Bureau, 2010)



## Age and Gender

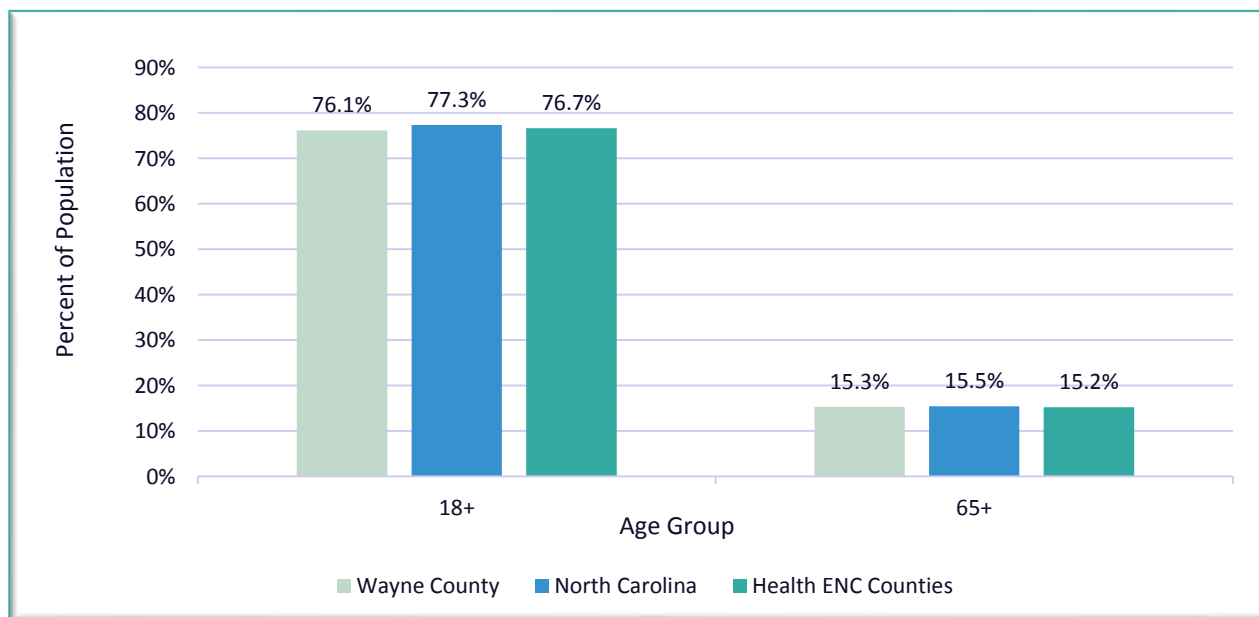
Figure 8 shows the Wayne County population by age group. The 25-34 age group contains the highest percent of the population at 13.4%, while the 45-54 age group contains the next highest percent of the population at 12.8%.

**Figure 8. Population by Age (U.S. Census Bureau, 2016)**



People 65 years and older comprise 15.3% of the Wayne County population, compared to 15.5% in North Carolina and 15.2% in the Health ENC counties (Figure 9).

**Figure 9. Population 18+ and 65+ (U.S. Census Bureau, 2016)**



Males comprise 49.0% of the population, whereas females comprise 51.0% of the population (Table 5). The median age for males is 35.3 years, whereas the median age for females is 39.8 years. Both are slightly lower than the North Carolina median age (37.2 years for males and 40.1 years for females).



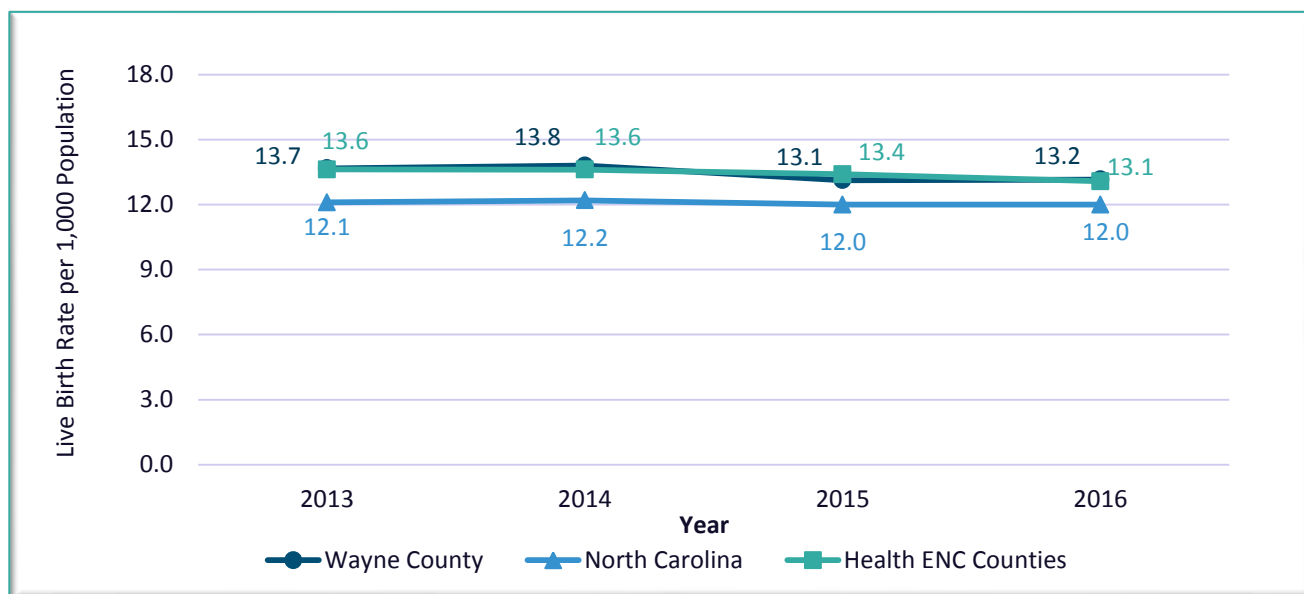
**Table 5. Population by Gender and Age (U.S. Census Bureau, 2016)**

	Percent of Total Population		Percent of Male Population		Percent of Female Population		Median Age (Years)	
	Male	Female	18+	65+	18+	65+	Male	Female
<b>Wayne County</b>	49.0%	51.0%	75.2%	13.3%	77.1%	17.3%	35.3	39.8
<b>North Carolina</b>	48.6%	51.4%	76.3%	13.9%	78.4%	17.0%	37.2	40.1
<b>Health ENC Counties</b>	49.2%	50.8%	75.8%	13.5%	77.5%	16.9%	N/A	N/A

### Birth Rate

Birth rates are important measures of population health. The birth rate is usually the dominant factor in determining the rate of population growth; however, population growth is also driven by the age structure of the population (e.g., deaths), immigration and emigration. Figure 10 illustrates that the birth rate in Wayne County (13.2 live births per 1,000 population in 2016) is slightly higher than the birth rate in North Carolina (12.0) and similar to the birth rate in the Health ENC region (13.1). Since 2013, the birth rate has decreased slightly in all three jurisdictions.

**Figure 10. Birth Rate (North Carolina State Center for Health Statistics)**



### Race/Ethnicity

The race and ethnicity composition of a population are important in planning for future community needs, particularly for schools, businesses, community centers, health care, and childcare. Race and ethnicity data are also useful for identifying and understanding disparities in housing, employment, income, and poverty.

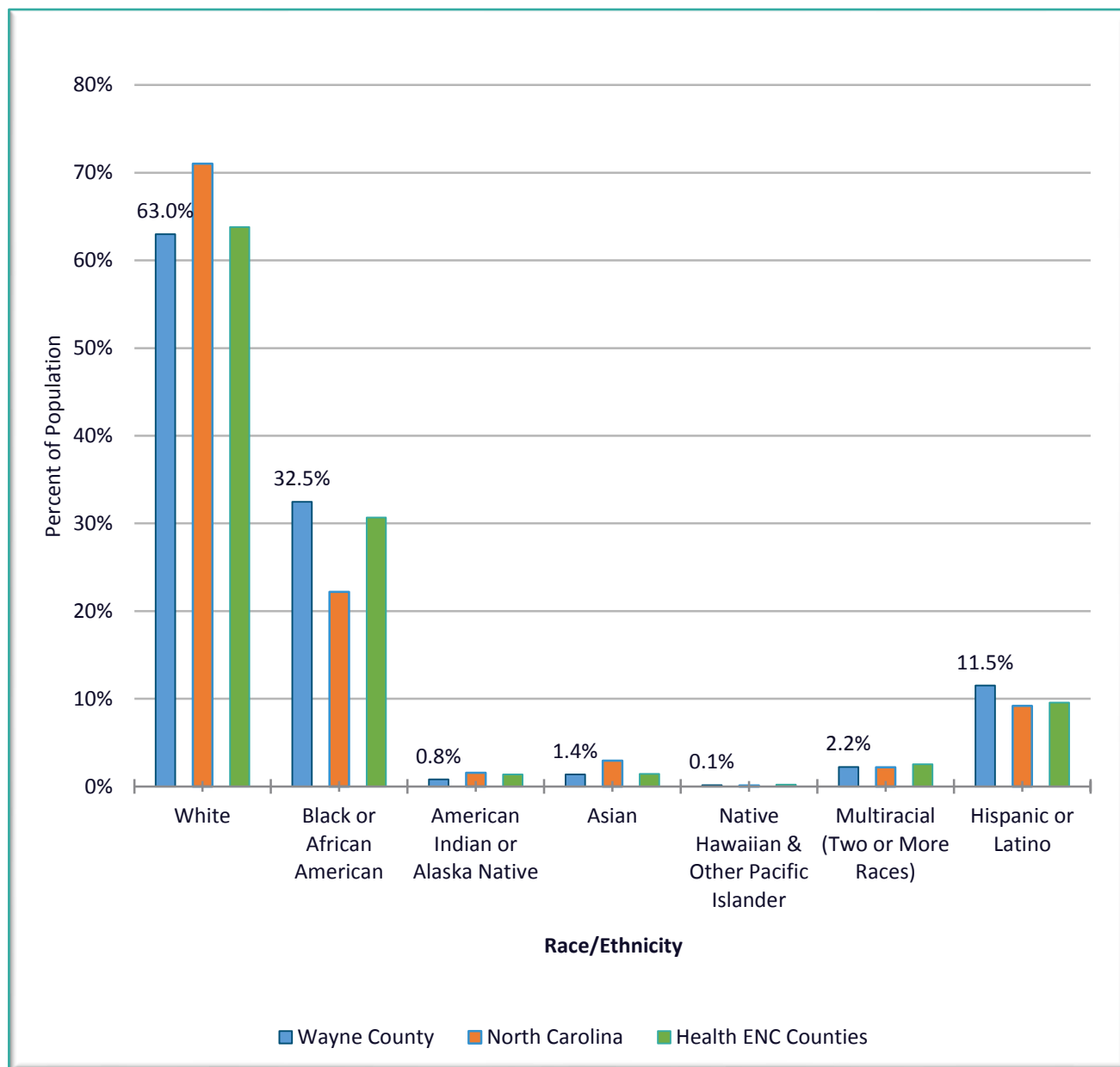
Figure 11 shows the racial and ethnic distribution of Wayne County compared to North Carolina and Health ENC counties. The first six categories (White, Black or African American, American Indian or Alaska Native, Asian, Native Hawaiian & Other Pacific Islander and Multiracial) are racial groups and



may include persons that identify as Hispanic or Latino. The seventh category (Hispanic or Latino) is an ethnic group and may include individuals that identify as any race.

The proportion of residents that identify as White is smaller in Wayne County (63.0%) as compared to North Carolina (71.0%) and Health ENC counties (63.8%). Wayne County has a larger share of residents that identify as Black or African American (32.5%) when compared to North Carolina (22.2%) and Health ENC counties (30.7%). The Hispanic or Latino population comprises 11.5% of Wayne County, which is a larger proportion than the Hispanic or Latino population in North Carolina (9.2%) and Health ENC counties (9.6%).

**Figure 11. Population by Race/Ethnicity (U.S. Census Bureau, 2016)**



## Tribal Distribution of Population

The U.S. Census Bureau collects population estimates for various American Indian and Alaska Native (AIAN) tribes. While population estimates of tribal data are not available at the county level, Table 6 shows the population estimates of eight tribal areas throughout the state of North Carolina.

**Table 6. Named Tribes in North Carolina (American Community Survey, 2012-2016)**

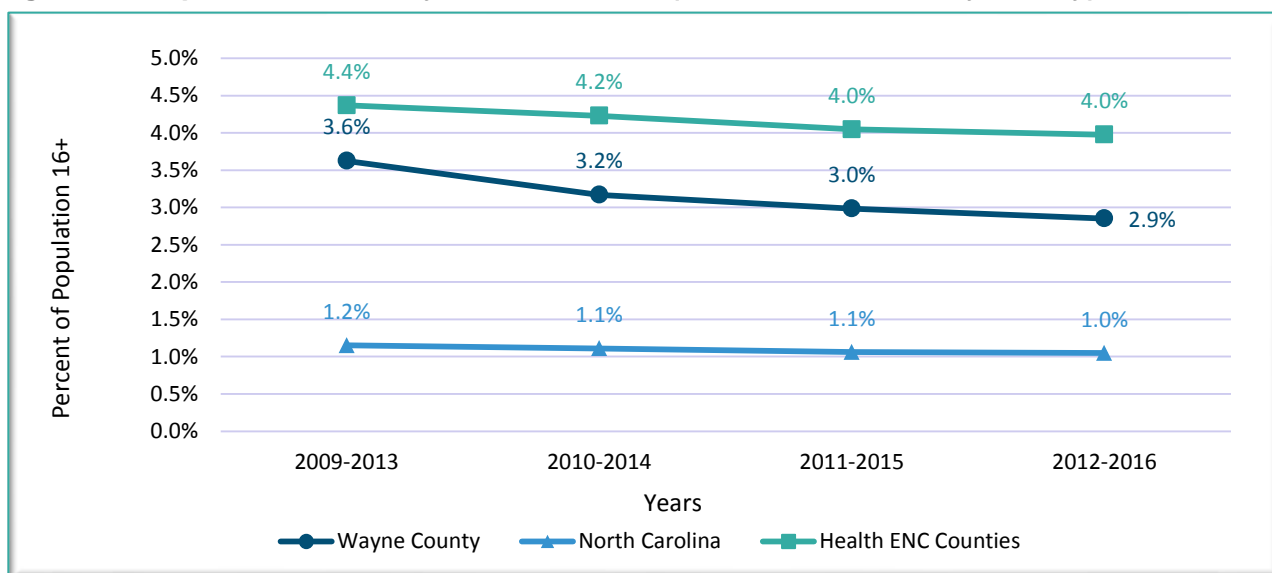
State Designated Tribal Statistical Area (SDTSA)	Total Population
<b>Coharie SDTSA</b>	62,160
<b>Eastern Cherokee Reservation</b>	9,613
<b>Haliwa-Saponi SDTSA</b>	8,700
<b>Lumbee SDTSA</b>	502,113
<b>Meherrin SDTSA</b>	7,782
<b>Occaneechi-Saponi SDTSA</b>	8,938
<b>Sappony SDTSA</b>	2,614
<b>Waccamaw Siouan SDTSA</b>	2,283

## Armed Forces

### *Military Population*

Figure 12 shows the percent of the population 16 years of age and older in the military (armed forces). In 2012-2016, Wayne County had a larger share of residents in the military (2.9%) compared to North Carolina (1.0%), but a smaller share of residents in the military compared to counties in the Health ENC region (4.0%). Further, the military population in Wayne County has decreased from 3.6% in 2009-2013 to 2.9% in 2012-2016. In addition to Seymour Johnson Air Force Base of Wayne County, the Health ENC region contains Fort Bragg, the largest US Army Base in terms of population in addition to Marine Corps Base Camp Lejeune and Cherry Point

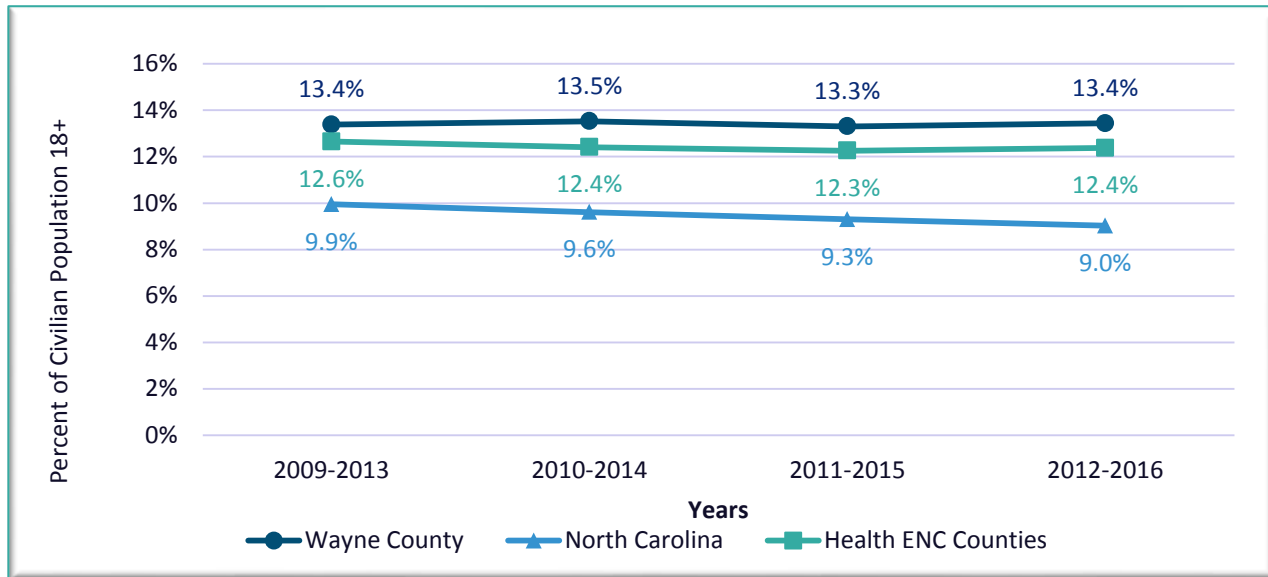
**Figure 12. Population in Military / Armed Forces (American Community Survey)**



### *Veteran Population*

The veteran population is given as a percent of the civilian population aged 18 years and older, and this data is used for policy analyses, to develop programs, and to create budgets for veteran programs and facilities. Wayne County has a veteran population of 13.4% in 2012-2016, compared to 9.0% for North Carolina and 12.4% for Health ENC counties (Figure 13).

**Figure 13. Veteran Population (American Community Survey, 2012-2016)**



### *Seymour Johnson Air Force Base*

The presence of U.S. military installations in North Carolina supports the state and local economy in numerous ways, and Wayne County is the proud home to Seymour Johnson Air Force Base, home of the 4th Fighter Wing and 916th Air Refueling Wing. The 4th Fighter Wing trains tomorrow's F-15E aircrew and maintains a readiness posture to employ combat airpower and its combat enablers anywhere in the world at a moment's notice. The 916th Air Refueling Wing provides air-to-air refueling, cargo and passenger hauling, and aeromedical evacuation on a global scale at a moment's notice. Team Seymour, a total force of more than 6,700 Airmen and civilian personnel, serves more than 22,700 personnel, including the diverse population of dependents and retirees in the local community.

Each year, Team Seymour deploys an average of 750 Airmen in support of overseas contingency operations. As a member of Air Combat Command and 9th Air Force, the 4th Fighter Wing supplies on-call combat airpower to combatant commanders through two operational flying squadrons and thousands of support personnel. The base is also home to the only two F-15E Formal Training Units in the Air Force. Additionally, the 916th Air Refueling Wing, the Air Force Reserve Command's primary KC-135R location, acts as a centrally located unit charged with offering non-stop connectivity and joint service air refueling, enabling both training and overseas contingency operations.

According to the 4<sup>th</sup> Fighter Wing Commander Colonel Donn Yates, "Seymour Johnson Air Force Base is fortunate to have Wayne County and the City of Goldsboro as its partners. The surrounding community has been critical to the success of the 4th Fighter Wing mission since the base opened in 1942. Community is about respect, ambassadorship, and always being a superior teammate. We strive to maintain a healthy community with all of our mission partners on the installation, as well as being ambassadors to everyone off base. Our greatest resource is our people. They are expeditionary warriors who epitomize integrity, service and excellence, and are continuously at the forefront of our nation's defense, ready for the challenges of our global security environment."



# Seymour Johnson AFB

Goldsboro, North Carolina

## FY17 Economic Impact: **\$ 792 Million**

Dominant Strike Eagle  
Airpower...Anytime, Anywhere



4th Fighter Wing Commander  
Colonel Christopher Sage



### PAYROLL

Active Duty Military	\$451,703,155
Reservists	\$38,851,254
<b>Total Military Pay</b>	<b>\$490,559,409</b>
Appropriated Fund Civilians	\$80,004,046
NAF - Appropriated Fund	\$2,579,192
DeCA - Appropriated Fund	\$3,042,551
<b>Total Civilian</b>	<b>\$85,625,788</b>
<b>Total Payroll.....</b>	<b>\$576,185,197</b>

### LOCAL EXPENDITURES

Military Construction	\$94,870,908
Minor Construction (AD/NAF)	\$33,919,430
Minor Construction (Reserve)	\$13,960,709
Utilities	\$6,875,281
Local Procurement (commodities/services)	\$38,397,690
Local Lodging/Per Diem	\$8,070,360
Health/TRICARE	\$19,642,500
<b>Total Local Expenditures.....</b>	<b>\$215,736,878</b>

### PERSONNEL

Active Duty Military	4,510
Reservists	1,554
<b>Total Military</b>	<b>6,054</b>
Appropriated Fund Civilians	663
NAF - Appropriated Fund	61
DeCA - Appropriated Fund	58
<b>Total Civilian</b>	<b>782</b>
<b>Dependents</b>	<b>5,721</b>
<b>Retirees</b>	<b>10,178</b>
<b>Total Personnel.....</b>	<b>22,735</b>

Local Jobs Created  
10,054

Employment Impact  
\$364,356,960

Economic Impact  
\$791,922,075

## Socioeconomic Profile

Social and economic factors are well known to be strong determinants of health outcomes – those with a lower socioeconomic status are more likely to suffer from chronic conditions such as diabetes, obesity and cancer. Community health improvement efforts must determine which subpopulations are most in need in order to effectively focus services and interventions.

### NC Department of Commerce Tier Designation

The North Carolina Department of Commerce annually ranks the state's 100 counties based on economic well-being and assigns each a Tier designation. The 40 most distressed counties are designated as Tier 1, the next 40 as Tier 2 and the 20 least distressed as Tier 3. Wayne County has been assigned a Tier 2 designation for 2018. The most economically distressed county out of North Carolina's 100 counties is Edgecombe, ranked No. 1, while the least economically distressed county, ranked at 100, is Chatham County.



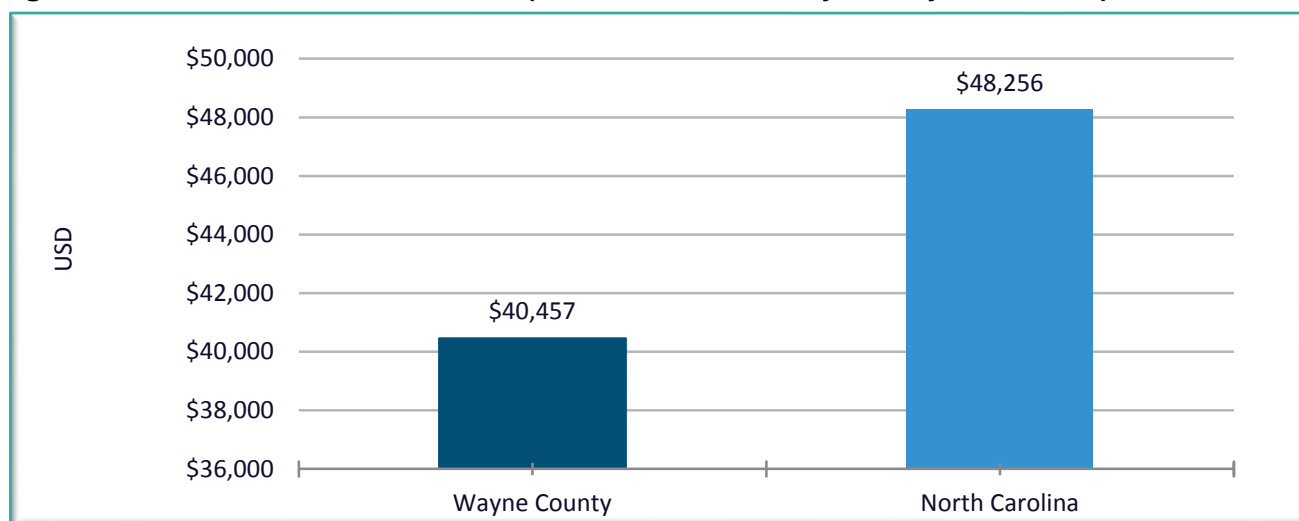
County Tiers are calculated using four factors:

1. Average unemployment rate
2. Median household income
3. Percentage growth in population
4. Adjusted property tax base per capita

### Income

Median household income reflects the relative affluence and prosperity of an area. Areas with higher median household incomes are likely to have a greater share of educated residents and lower unemployment rates. Figure 14 shows the median household income in Wayne County (\$40,457), which is lower than the median household income in North Carolina (\$48,256).

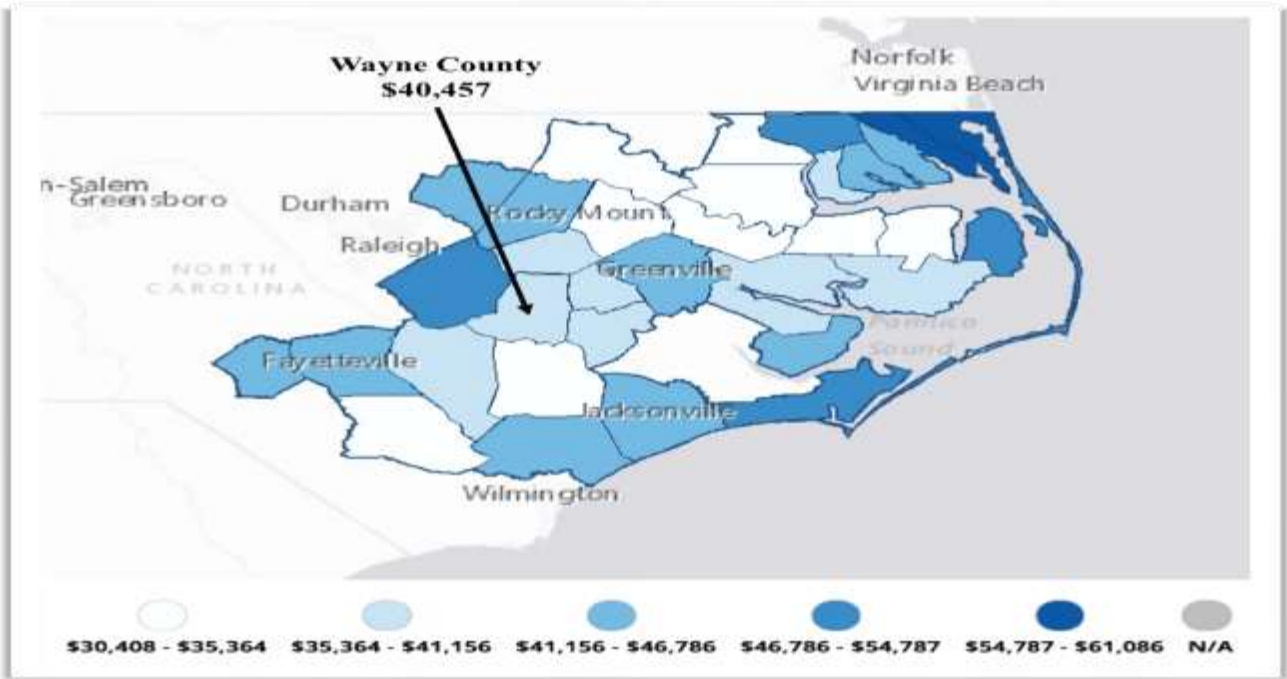
**Figure 14. Median Household Income (American Community Survey, 2012-2016)**





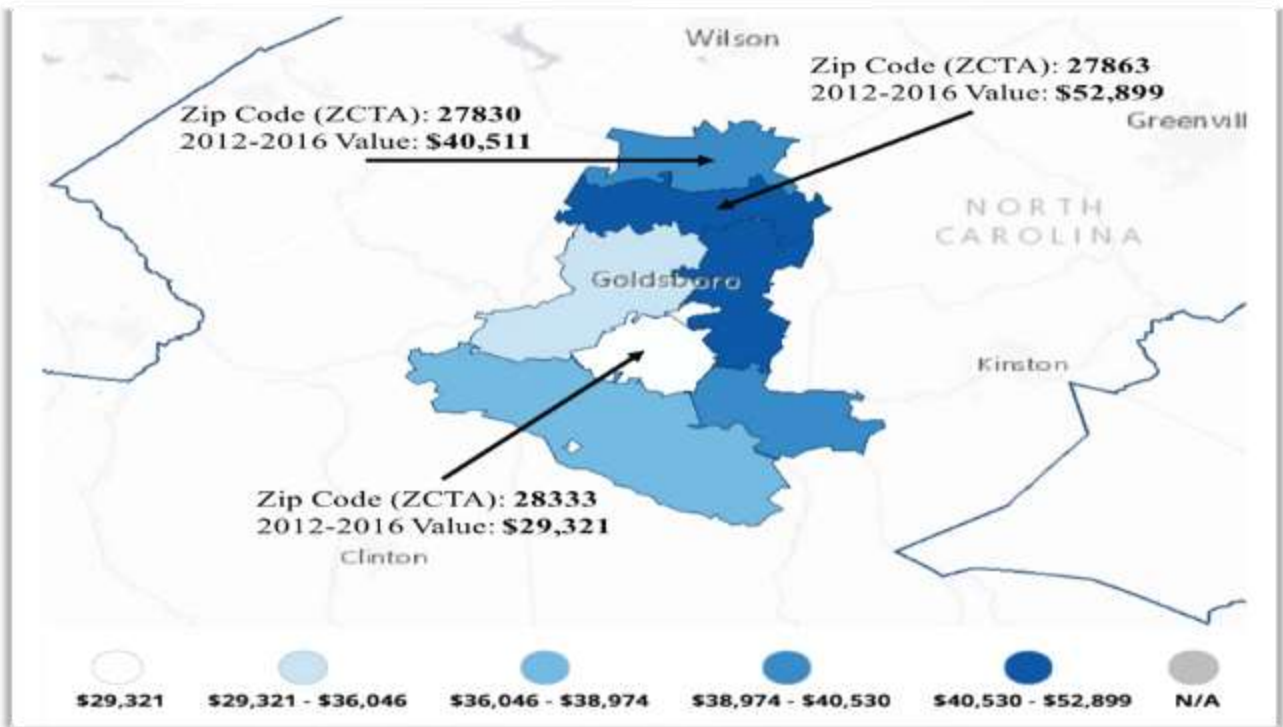
Wayne County has a similar median household income compared to other counties in the Health ENC region (Figure 15).

**Figure 15. Median Household Income of Health ENC Counties (American Community Survey, 2012-2016)**



Within Wayne County, **zip code 28333 (Dudley)** has the lowest median household income (**\$29,321**) while zip code **27863 (Pikeville)** has the highest median household income (**\$52,899**) (Figure 16).

**Figure 16. Median Household Income by Zip Code (American Community Survey, 2012-2016)**

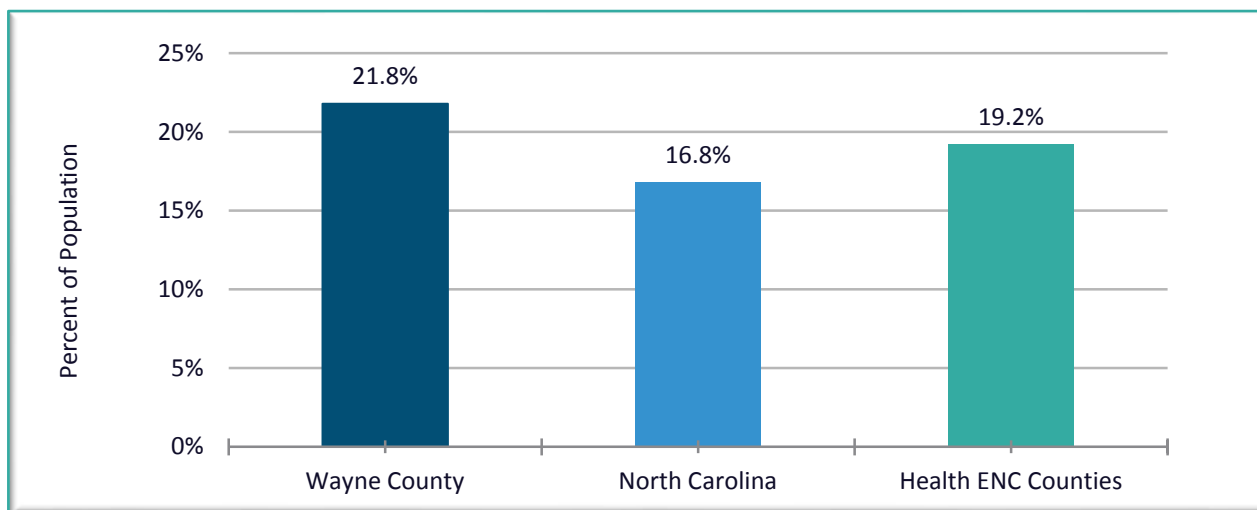


## Poverty

Federal poverty thresholds are set every year by the Census Bureau and vary by size of family and ages of family members. A high poverty rate is both a cause and a consequence of poor economic conditions. Children in poverty are more likely to have physical health problems, behavioral problems, and emotional problems. Seniors who live in poverty are an especially vulnerable group due to increased physical limitations, medical needs, and social isolation. Persons with a disability are more likely to live in poverty compared to the rest of the population. Without adequate income, individuals with disabilities may not be able to afford necessary expenses, such as rent or mortgage, utility bills, medical and dental care, and food.

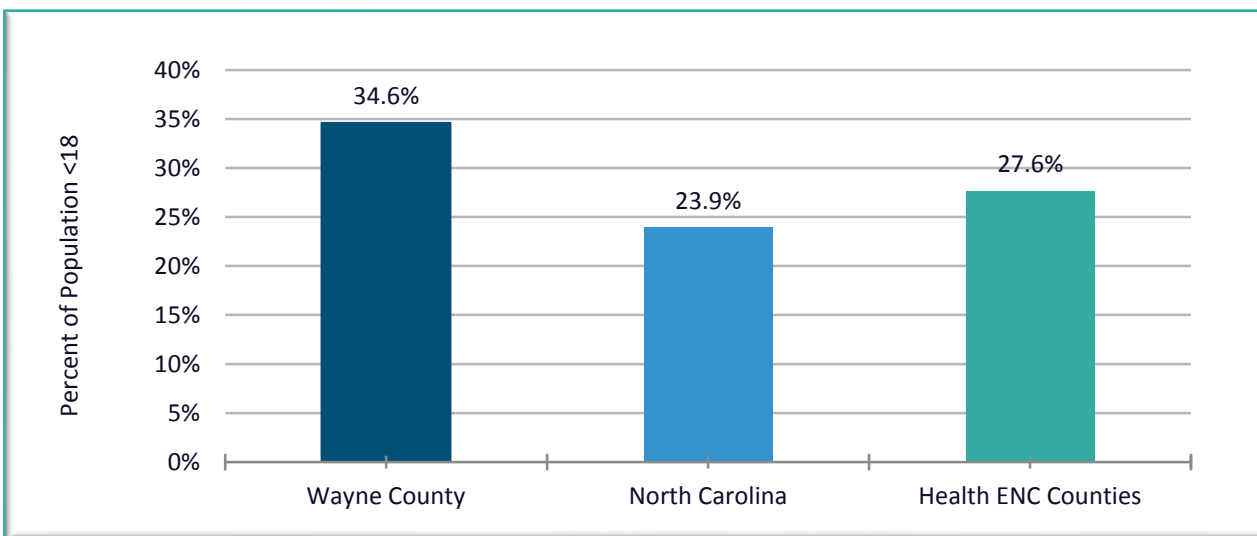
As seen in Figure 17, 21.8% percent of the population in Wayne County lives below the poverty level, which is higher than the rate for North Carolina (16.8% of the population) and the Health ENC region (19.2%).

**Figure 17. People Living Below Poverty Level (American Community Survey, 2012-2016)**



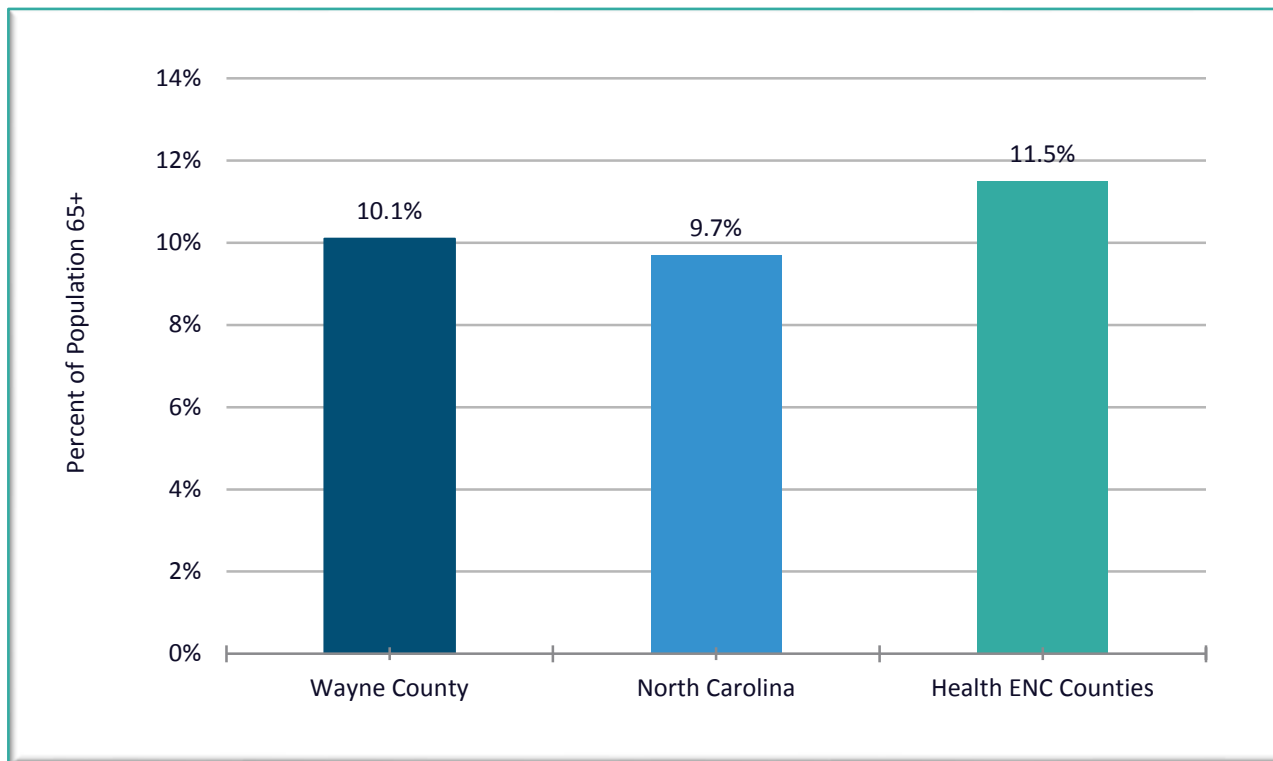
As shown in Figure 18, the rate of children living below the poverty level is also higher for Wayne County (34.6%) when compared to North Carolina (23.9%) and Health ENC counties (27.6%).

**Figure 18. Children Living Below Poverty Level (American Community Survey, 2012-2016)**



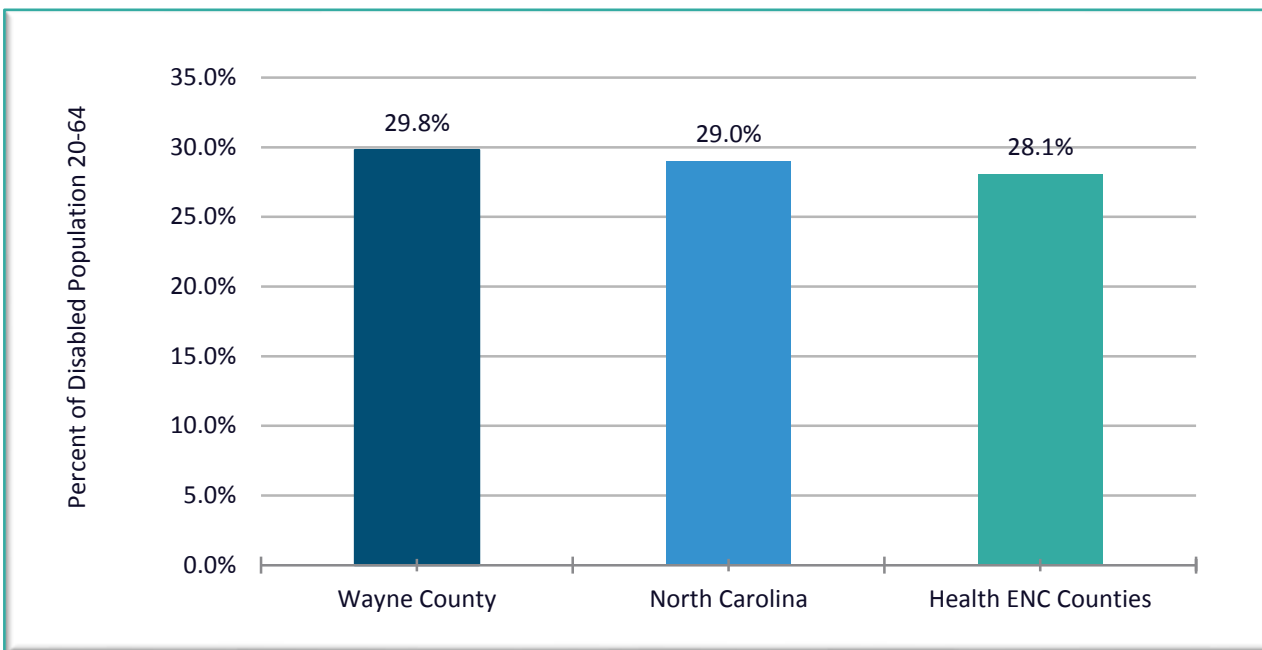
As shown in Figure 19 the rate of older adults living below the poverty level is slightly higher in Wayne County (10.1%) than in North Carolina (9.7%), but lower than the Health ENC region (11.5%).

**Figure 19. People 65+ Living Below Poverty Level (American Community Survey, 2012-2016)**



As shown in Figure 20, the percent of disabled people living in poverty in Wayne County (29.8%) is higher than the rate for North Carolina (29.0%) and Health ENC counties (28.1%).

**Figure 20. Persons with Disability Living in Poverty (American Community Survey, 2012-2016)**

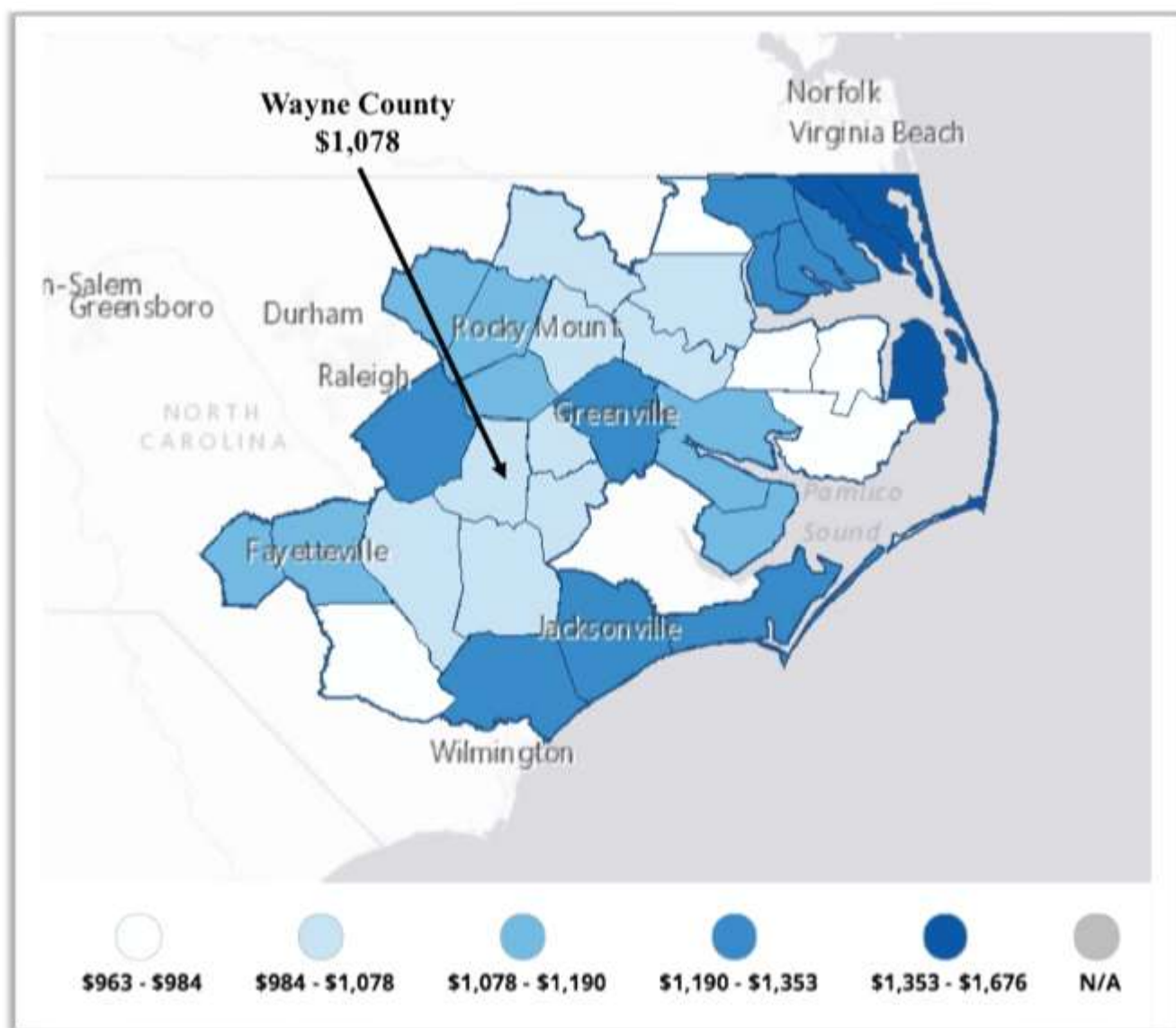


## Housing

The average household size in Wayne County is 2.6 people per household, which is similar to the North Carolina value of 2.5 people per household.

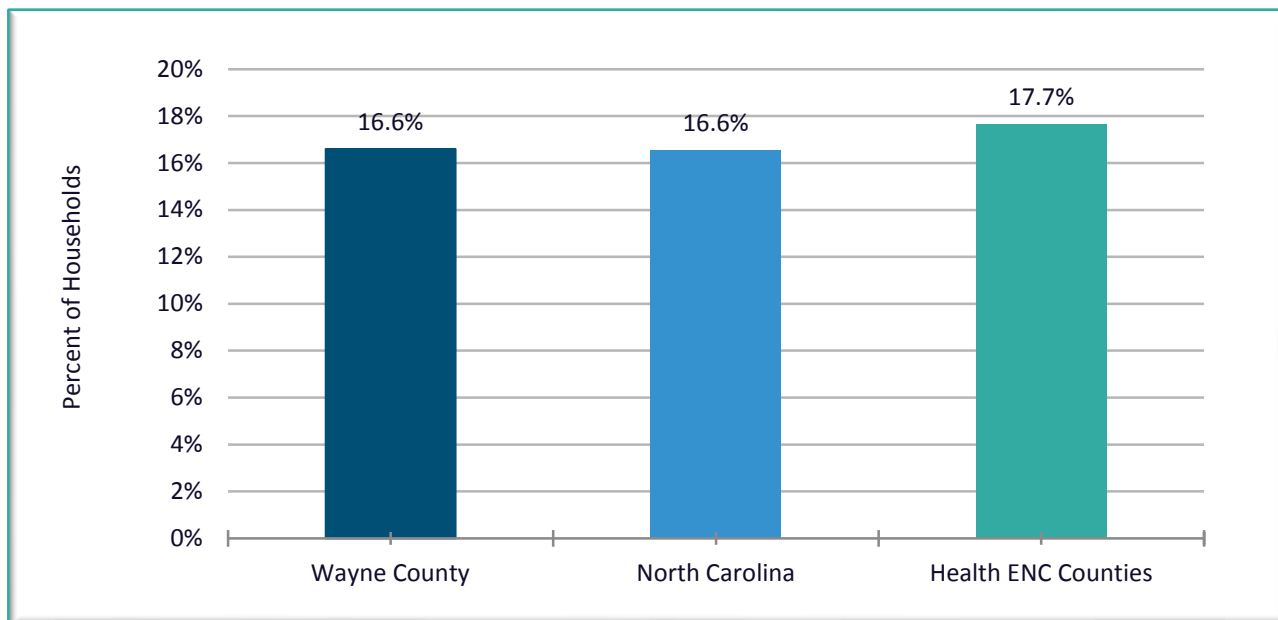
High costs of homeownership with a mortgage can strain both homeowners and the local housing market. Figure 21 shows mortgaged owners median monthly household costs in the Health ENC region. In Wayne County, the median housing costs for homeowners with a mortgage is \$1,078, which is similar to other counties in the Health ENC region.

**Figure 4. Mortgaged Owners Median Monthly Household Costs, Health ENC Counties (American Community Survey 2012-2016)**



Safe and affordable housing is an essential component of healthy communities, and the effects of housing problems are widespread. Figure 22 shows the percent of households with at least one of the following problems: overcrowding, high housing costs, lack of kitchen, or lack of plumbing facilities. Countywide, 16.6% of households have severe housing problems, which is the same as the rate in North Carolina, and lower than the rate in Health ENC counties (17.7%).

**Figure 5. Severe Housing Problems (County Health Rankings, 2010-2014)**

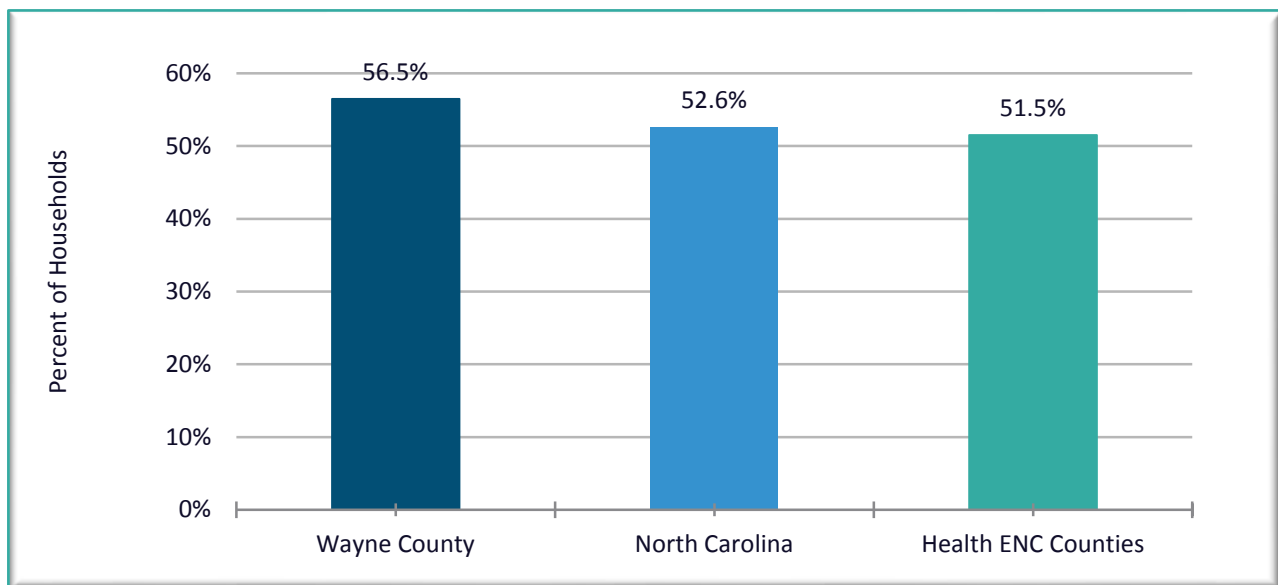


### **Food Insecurity**

The Supplemental Nutrition Assistance Program (SNAP) is a federal assistance program that provides low-income families with electronic benefit transfers (EBTs) that can be used to purchase food. The goal of the program is to increase food security and reduce hunger by increasing access to nutritious food.

Figure 23 shows the percent of households with children that participate in SNAP. The rate for Wayne County, 56.5%, is higher than the state value of 52.6% and the Health ENC region value of 51.5%.

**Figure 6. Households with Children Receiving SNAP (American Community Survey, 2012-2016)**





## Subsidized Child Care Assistance

In North Carolina, the Child Care Subsidy program uses a mixture of state (20%) and federal funds (80%) to provide subsidized child care services to eligible families.

### The Benefits

#### For Families:

- Helps parents to work and attend school.
- Provides a safe setting for children.
- Allows children to be better prepared for School.
- Having a good early childhood education experience helps children to be successful in language, math and social skills in school.

#### For the Community:

- Working families put a large amount of money back into the local economy and tax system through their employment, earnings, and purchase of child care.
- The cost of child care subsidy services is offset by the working families' ability to pay taxes.
- Parents with stable child care arrangements are more focused on the job and make better employees.
- Receiving subsidized child care assistance offers children a chance to receive an early childhood education which leads to increased success in school and fewer costs to the community and state in terms of remedial service

## Wayne County Facts 2016-2017

- 7,157 children were potentially eligible for subsidized child care assistance. These were children under age 0-5 whose parent(s) are working and whose family income is at or below the 200% federal poverty level or children 6-11 whose family income is at or below 133% FPL.
- \$4,752,706 was available to serve eligible children.
- 1,009 children did receive subsidized child care assistance. This represents 14.10% of all potentially eligible children.



<https://ncchildcare.ncdhhs.gov/Home/DCDEE-Sections/Subsidy-Services/Fact-Sheets>

## Child Care Market Rates

North Carolina's child care subsidy program is designed to help families with either situational and/or financial needs purchase child care for children birth to age 12 and children with special needs through a voucher-based program. Quality early learning and educational experiences have been linked to increased development in cognitive, social, and behavioral outcomes of children. Children in low-income households whose parents may not have the resources to provide exposure to quality early learning and educational experiences often enter school at a disadvantage when compared to their peers. Programs such as the NC Pre-K program, Head Start, and Smart Start provide children who are considered at-risk with access to quality educational opportunities and have been proven to increase cognitive, social, and behavioral outcomes. The subsidy program is funded by the federal Child Care Development Block Grant (CCDBG), and other federal and State appropriated funds. The CCDBG requires states to set payment rates for families receiving subsidies to allow families receiving subsidies equal access to child care as compared to families who do not receive subsidies, Table 7. To do this, states are required to study the market price providers charge for child care every three years.

**Table 7. Wayne County Market Rates Effective October 2017**

Family Child Care Homes		
Infant Rates	1 Star	\$379
	2 Star	\$398
	3 Star	\$561
	4 Star	\$575
	5 Star	\$599
1 Year Old Rates	1 Star	\$379
	2 Star	\$398
	3 Star	\$515
	4 Star	\$552
	5 Star	\$612
2 Year Old Rates	1 Star	\$356
	2 Star	\$374
	3 Star	\$485
	4 Star	\$496
	5 Star	\$513
3-5 Year Old Rates	1 Star	\$335
	2 Star	\$351
	3 Star	\$440
	4 Star	\$457
	5 Star	\$486
School-Aged Rates	1 Star	\$335
	2 Star	\$351
	3 Star	\$409
	4 Star	\$438
	5 Star	\$476

Child Care Center		
Infant & Toddler Rates	1 Star	\$348
	2 Star	\$366
	3 Star	\$611
	4 Star	\$675
	5 Star	\$779
2 Year Old Rates	1 Star	\$339
	2 Star	\$355
	3 Star	\$562
	4 Star	\$627
	5 Star	\$736
3-5 Year Old Rates	1 Star	\$335
	2 Star	\$346
	3 Star	\$544
	4 Star	\$580
	5 Star	\$638
School-Aged Rates	1 Star	\$335
	2 Star	\$346
	3 Star	\$525
	4 Star	\$554
	5 Star	\$602



[https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/H/home\\_center\\_market\\_rate\\_table\\_effective\\_10012017.pdf](https://ncchildcare.ncdhhs.gov/Portals/0/documents/pdf/H/home_center_market_rate_table_effective_10012017.pdf)



*Courtesy of The Partnership for Children of Wayne County*

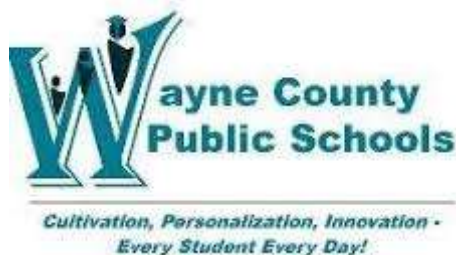
## Employment

Manufacturing, Education and Health Care industries produce the most jobs locally in and around Wayne County. Seymour Johnson Air Force Base is the county's largest employer followed by Wayne County Public Schools, the Department of Health and Human Service and Wayne UNC Health Care. The remaining major employers rounding out the top 25 for the county are listed below in Table 8

**Table 8. Top 25 Largest Employers (Wayne County 2017)**

Rank	Employer	Industry	Employment Range
1	Seymour Johnson Air Force Base	Military	6000+
2	Wayne County Board Of Education	Education & Health Services	1000+
3	NC Dept. Of Health & Human Services	Public Administration	1000+
4	Wayne UNC Health Care	Education & Health Services	1000+
5	Wal-Mart Associates Inc.	Trade, Transportation, & Utilities	1000+
6	County Of Wayne	Public Administration	1000+
7	Case Farms Processing Inc.	Natural Resources & Mining	1000+
8	Mount Olive Pickle Company Inc.	Manufacturing	500-999
9	Defense Ex Army Navy & Air Force	Public Administration	500-999
10	Georgia-Pacific LLC	Manufacturing	500-999
11	Wayne Community College	Education & Health Services	500-999
12	City Of Goldsboro	Public Administration	500-999
13	Mount Olive College Inc.	Education & Health Services	250-499
14	Halikierra Community Services LLC	Education & Health Services	250-499
15	Dept. Of Public Safety	Public Administration	250-499
16	Waukesha Electric Systems	Manufacturing	250-499
17	Butterball LLC	Manufacturing	250-499
18	Dixon Foods Group Inc.	Leisure & Hospitality	250-499
19	Beacon Roofing Supply Inc.	Trade, Transportation, & Utilities	250-499
20	Food Lion	Trade, Transportation, & Utilities	250-499
21	Goerlichs Inc.	Manufacturing	250-499
22	Cheney Brothers Inc.	Trade, Transportation, & Utilities	250-499
23	Goldsboro Hog Farms Inc.	Natural Resources & Mining	250-499
24	Gruma Corporation	Manufacturing	250-499
25	Franklin Baking Company LLC	Manufacturing	250-499

<https://d4.nccommerce.com/QCEWLargestEmployers.aspx>



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**





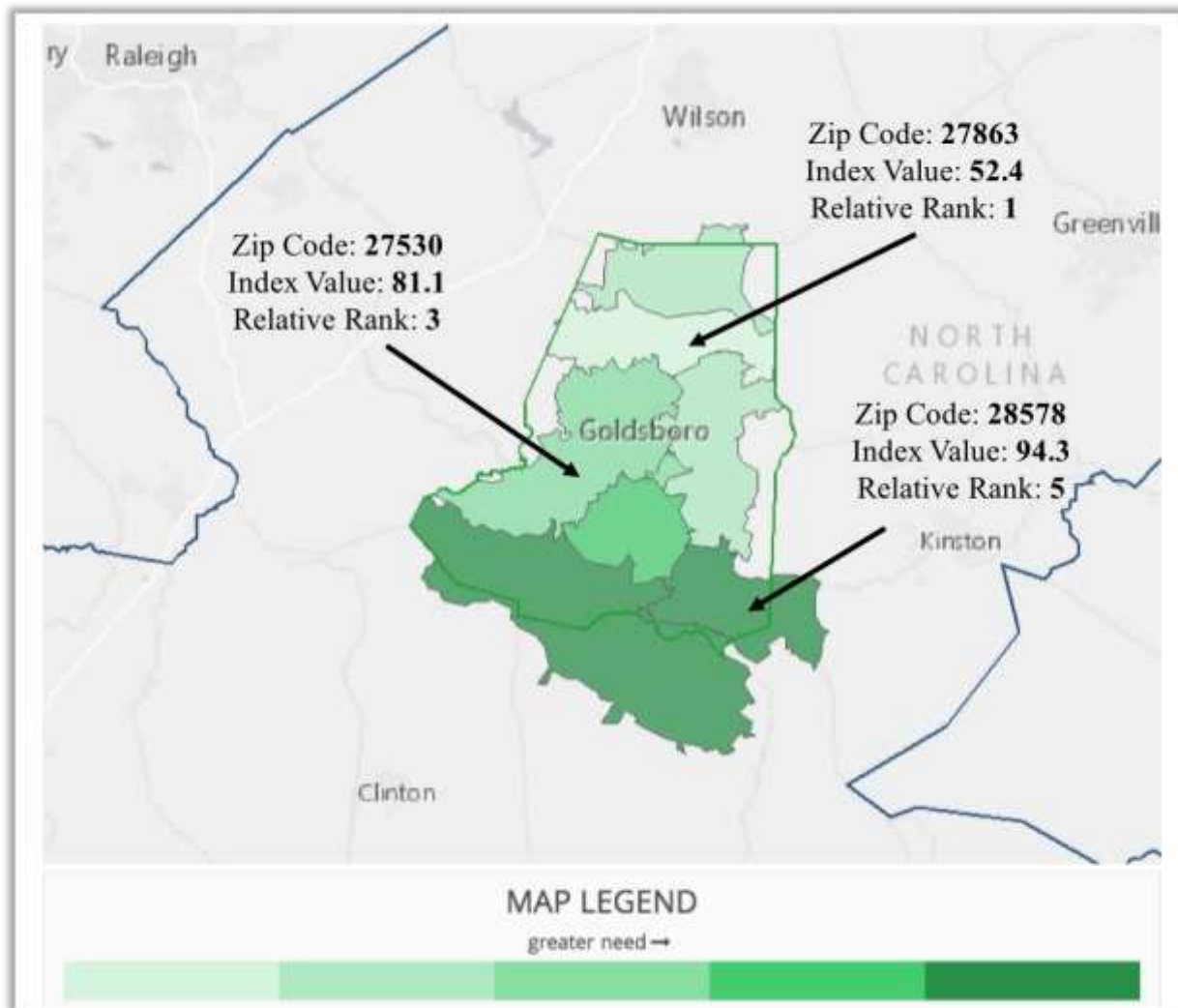
## SocioNeeds Index

Conduent Healthy Communities Institute developed the SocioNeeds Index® to easily compare multiple socioeconomic factors across geographies. This index incorporates estimates for six different social and economic determinants of health – income, poverty, unemployment, occupation, educational attainment, and linguistic barriers – that are associated with poor health outcomes including preventable hospitalizations and premature death.



Zip codes within Wayne County are assigned an index value from 0 (low need) to 100 (high need), based on how those zip codes compare to others in the U.S. Within Wayne County, the zip codes are then ranked from 1 (low need) to 5 (high need) to identify the relative level of need. Zip codes with populations under 300 persons are excluded. **Zip code 28578 (Seven Springs), with an index value of 94.3, has the highest level of socioeconomic need within Wayne County right along with several of our southern communities.** This is illustrated in Figure 24. Index values and the relative ranking of each zip code within Wayne County are provided in Table 9.

**Figure 24. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)**



**Table 9. SocioNeeds Index® (Conduent Healthy Communities Institute, 2018)**

Zip Code	Area	Population	Index Value	Relative Rank
28578	Seven Springs	6,363	94.3	5
28365	Mount Olive	17,144	93.8	5
28333	Dudley	11,830	92.0	4
27531	Goldsboro	594	83.7	3
27530	Goldsboro	40,117	81.1	3
27830	Fremont	4,755	64.8	2
27534	Goldsboro	31,634	61.2	2
27863	Pikeville	11,735	52.4	1

Source: <http://www.healthenc.org/socioneeds>

Why is the SocioNeeds Index important?

Understanding where there are communities with high socioeconomic need is critical to forming prevention and outreach activities. Community health improvement efforts must determine what sub-populations are most in need to most effectively focus services and interventions. Social and economic factors are well known to be strong determinants of health outcomes – those with a lower socioeconomic status are more likely to suffer from various chronic conditions. The SocioNeeds Index summarizes multiple socio-economic indicators into one composite score for easier identification of high need areas by zip code or county.

The SocioNeeds Index is calculated for a community from several social and economic factors, ranging from poverty to education that may impact health or access to care. The index is correlated with potentially preventable hospitalization rates and is calculated using Claritas estimates for 2018.



Cliffs of the Neuse State Park – Seven Springs, NC



# Educational Profile

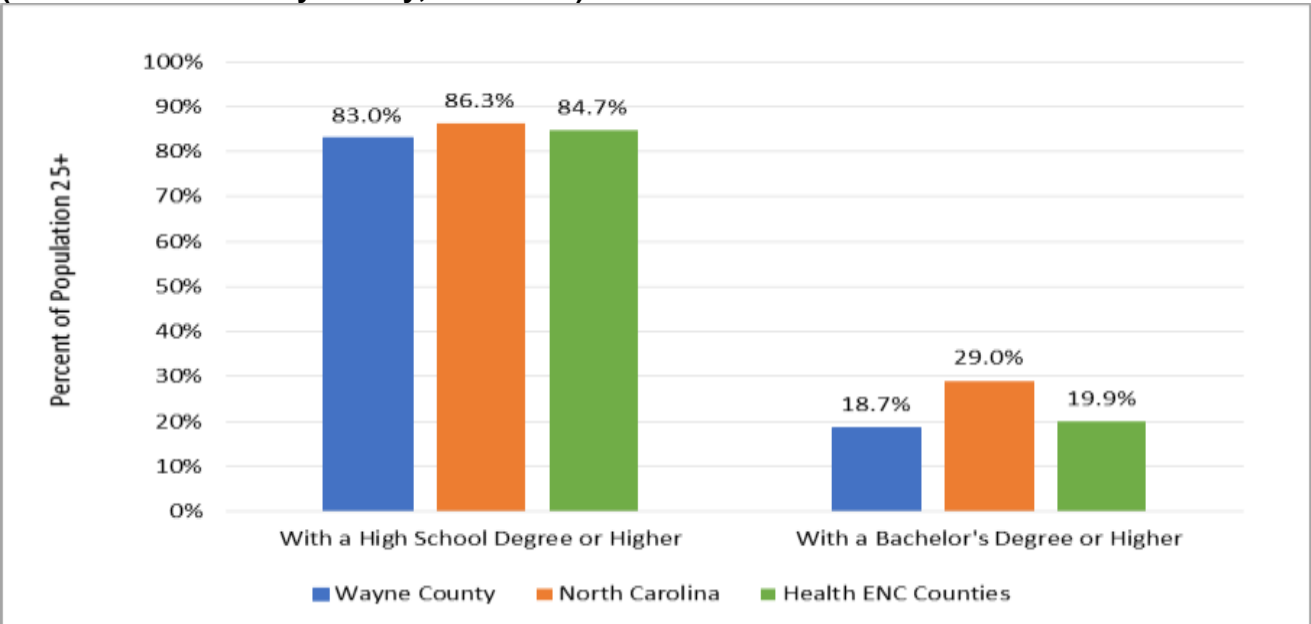
## Educational Attainment

Graduating from high school is an important personal achievement and is essential for an individual’s social and economic advancement. Graduation rates can also be an important indicator of the performance of an educational system. Having a bachelor’s degree opens up career opportunities in a variety of fields and is often a prerequisite for higher-paying jobs.



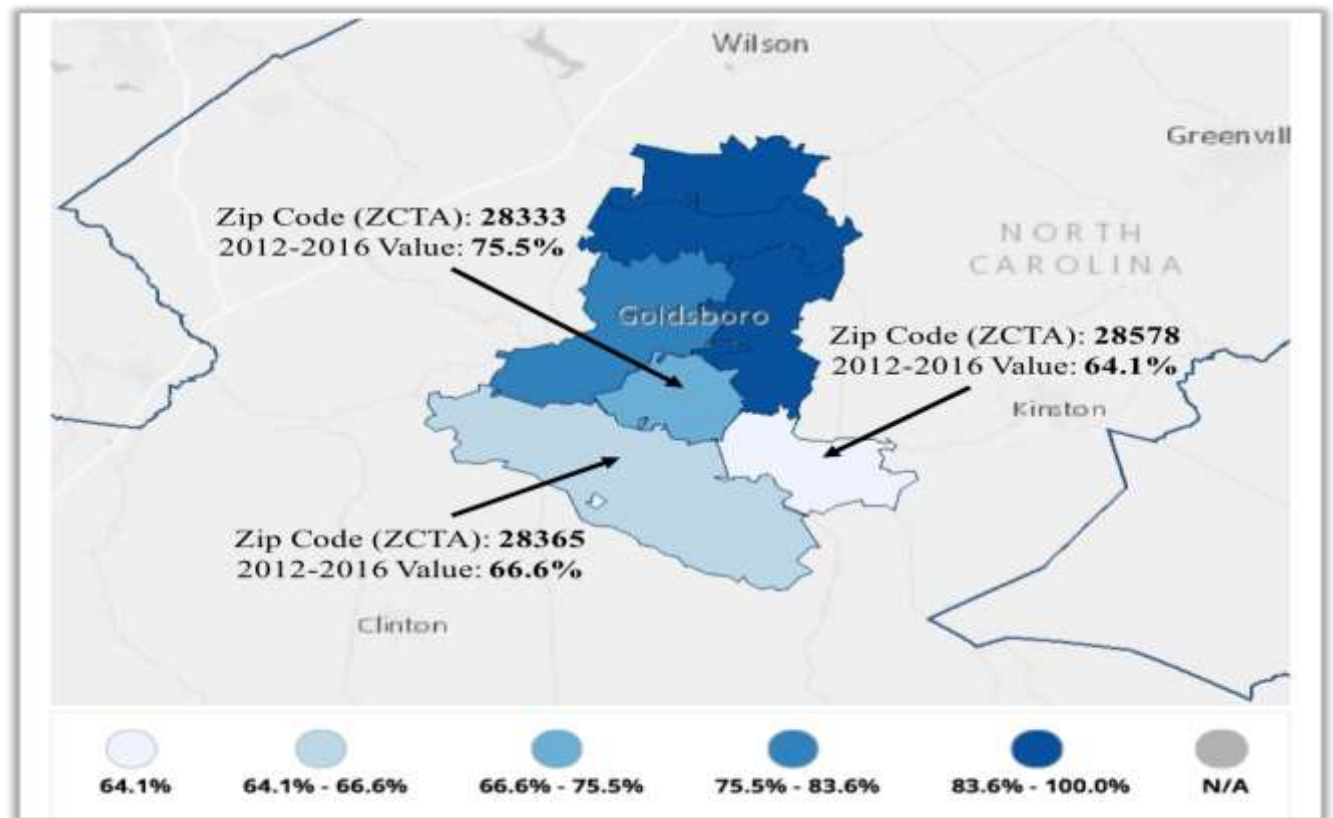
Countywide, the percent of residents 25 or older with a high school degree or higher (83.0%) is lower than the state value (86.3%) and the Health ENC region (84.7%) (Figure 7). Higher educational attainment in Wayne County is also lower than the state and regional value. While 29.0% of residents 25 and older have a bachelor’s degree or higher in North Carolina, the rate drops to 19.9% in Health ENC counties and 18.7% in Wayne County (Figure 25).

**Figure 7. People 25+ with a High School Degree or Higher and Bachelor’s Degree or Higher (American Community Survey, 2012-2016)**



In some areas of the county, including zip codes 28578 and 28365, both which have high poverty rates and a high level of socioeconomic need (SocioNeeds Index®), the high school degree attainment rate is below 70% (Figure 26).

**Figure 8. People 25+ with a High School Degree or Higher by Zip Code (American Community Survey, 2012-2016)**



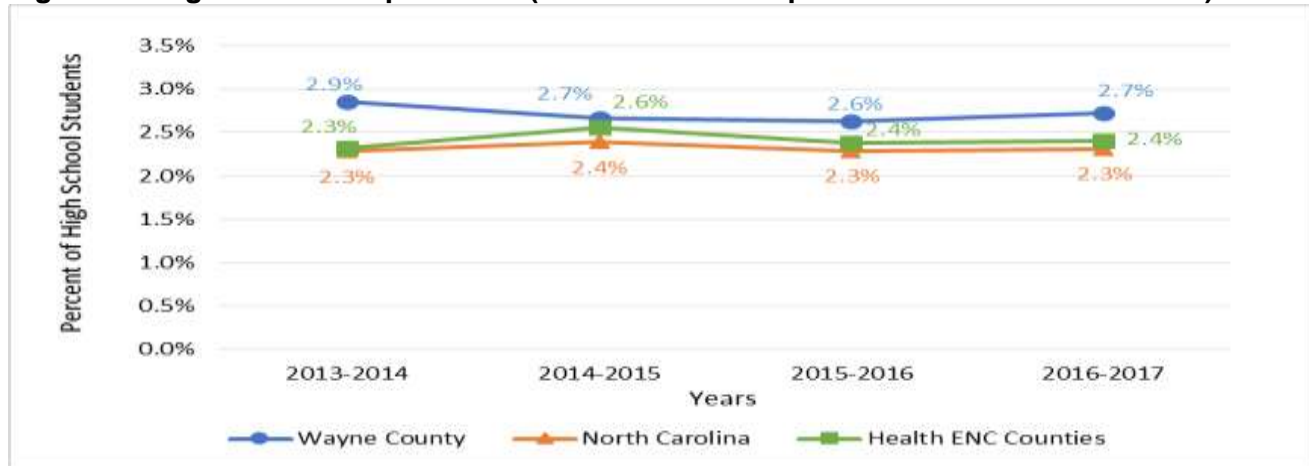
Courtesy of Wayne Community College

## High School Dropouts

High school dropouts typically earn less income than high school and college graduates and are more likely to be unemployed. High school dropouts are generally less healthy and require more medical care. Further, high school dropout rates are linked with heightened criminal activity and incarceration rates, influencing a community's economic, social, and civic health.

Wayne County's high school dropout rate, given as a percent of high school students in Figure 27, is 2.7% in 2016-2017, which is higher than the rate in North Carolina (2.3%) and the Health ENC region (2.4%).

**Figure 27. High School Dropout Rate (North Carolina Department of Public Instruction)**

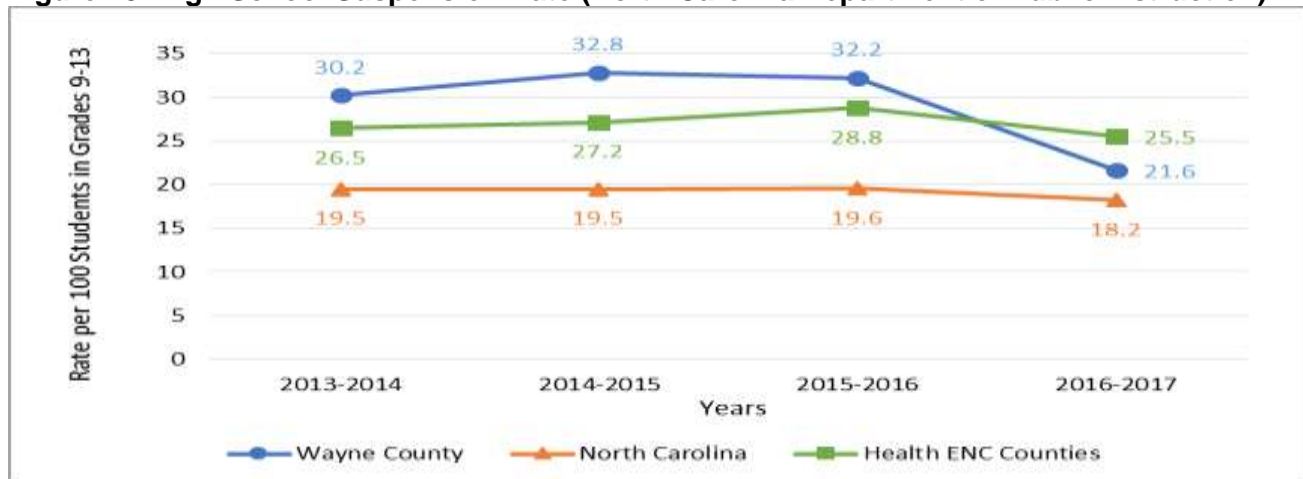


## High School Suspension Rate

High school suspension is a form of discipline in which a student is temporarily removed from a classroom and/or school due to a violation of school conduct or code. Higher rates of suspension can be related to high rates of antisocial or delinquent behaviors, which may further contribute to potential future involvement in the juvenile justice system. Additionally, schools with higher suspension rates have higher rates of law or board of education violations and generally spend more money per student.

Wayne County's rate of high school suspension (21.6 suspensions per 100 students) is higher than North Carolina's rate (18.2), but lower than the rate of Health ENC counties (25.5) in 2016-2017 (Figure 28).

**Figure 28. High School Suspension Rate (North Carolina Department of Public Instruction)**





## Educational System

Education level affects many aspects of health and wellbeing and is increasingly being recognized as an important social determinant of health. In Wayne County, it is understood that early learning paves the way for learning at school and throughout life. What children learn in their first few years of life—and how they learn it—can have long-lasting effects on their success and health as children, teens, and adults. During the 2017-2018 school year:

- Wayne County had 68 regulated childcare centers and 15 regulated Family Child Care Homes serving children from 6 weeks of age through afterschool care.
- Wayne County Public Schools managed 32 schools with a student population of over 18,700 students in grades Pre-K– 13.
- As for the private schools, there were 10 religious and non-religious schools accounting for about 1300 students.
- 2 Charter Schools within the county consisted of an enrollment slightly over 800 students.
- In addition, there are approximately 800 home schools that served approximately another 1,300 students.

The benefits of an education also hold true for adults. Adults with less education are more likely to adopt unhealthy behaviors such as smoking. They're also more likely to have high blood pressure, obesity, and mental health problems. While higher educational attainment can play a significant role in shaping employment opportunities, it can also increase the capacity for better decision making regarding one's health, and provide scope for increasing social and personal resources that are vital for physical and mental health.

Wayne County has 2 local Colleges and Universities that offer post-secondary education.

- Wayne Community College is a small two-year community college offering undergraduate programs. Wayne Community College has an open admission policy which permits enrollment by any high school graduate or GED holding student. 1,330 students are enrolled on a full time basis, and 2,096 attend part time. In-state tuition for 2017/2018, excluding room and board, is \$2,432 plus fees.
- The University of Mount Olive is a small private college offering undergraduate and graduate programs both on campus and online. The school has a religious affiliation with the Original Free Will Baptist faith. In the most recent statistical period, 1,541 students are enrolled on a full time basis, and 1,910 attend part time. In-state tuition for 2017/2018, excluding room and board, is \$19,700 plus fees.

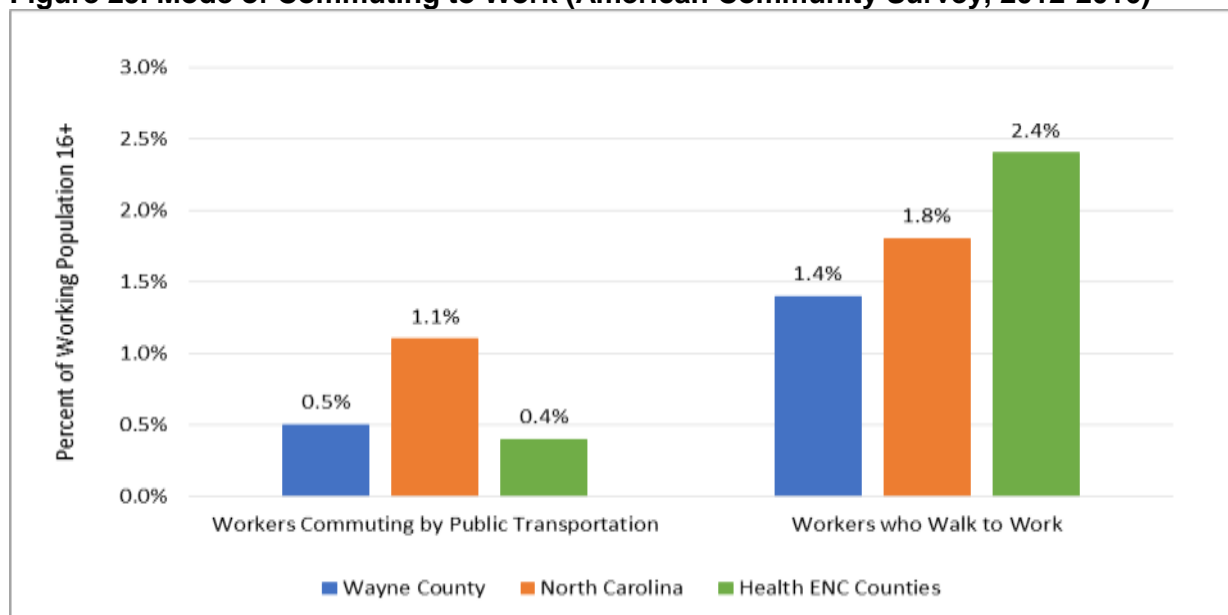


## Transportation Profile

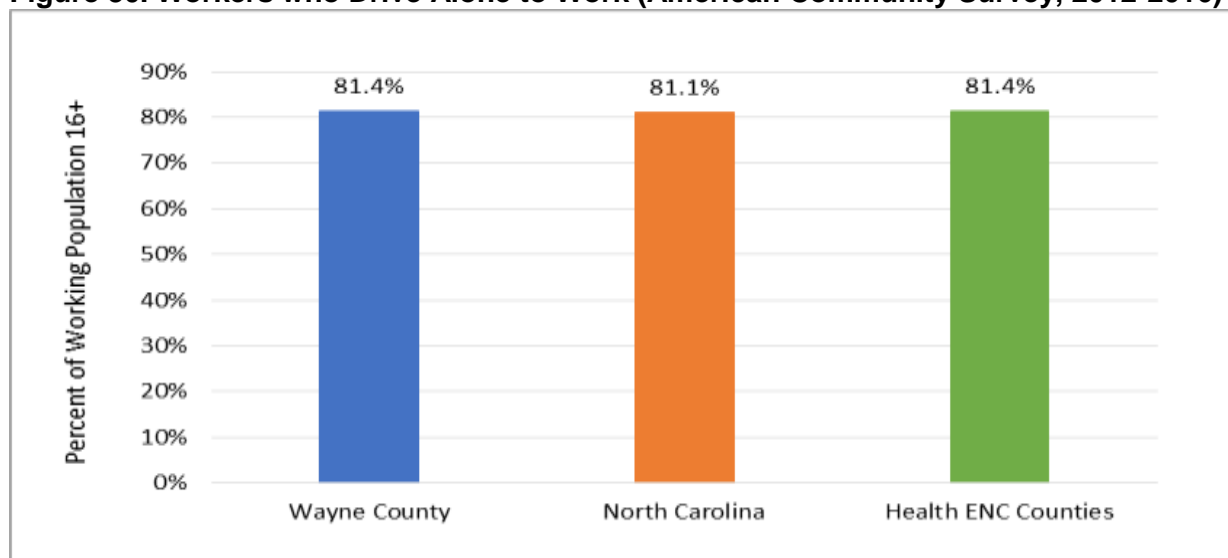
Public transportation offers mobility, particularly to people without cars. Transit can help bridge the spatial divide between people and jobs, services, and training opportunities. Public transportation also reduces fuel consumption, minimizes air pollution, and relieves traffic congestion. Walking to work helps protect the environment, while also providing the benefit of daily exercise.

Countywide, 1.4% of residents walk to work, compared to the state value of 1.8% and the regional value of 2.4%. Public transportation has room for growth in Wayne County, with an estimated 0.5% of residents commuting by public transit, compared to the state value of 1.1% and the regional value of 0.4% (Figure 29). In Wayne County, 81.4% of workers 16 and older drive alone to work, compared to 81.1% in North Carolina and 81.4% in Health ENC counties (Figure 30).

**Figure 29. Mode of Commuting to Work (American Community Survey, 2012-2016)**



**Figure 30. Workers who Drive Alone to Work (American Community Survey, 2012-2016)**





## **Transportation Infrastructure**

The many industries of Wayne County depend on the timely and efficient transportation of materials and goods. One of the reasons these industries choose to call Wayne County home is our region's extensive transportation network. Roads, highways, airports, seaports, and rail systems all connect our businesses with the country's most significant markets, which add up as cost savings and increased productivity.

### **Public Transportation**

Goldsboro Wayne Transportation Authority (GWTA), Urban Fixed Route Service (Bus), Rural & Urban General Public Transportation (RGP/UGP), Dial-A-Ride (DAR) and ADA transportation service to all citizens of Wayne County.



### **Road Transportation**

Wayne County is well connected by an extensive network of highways and interstates which makes local and countrywide logistics easy.

East-West:

- Nearby access to Interstate 40, which stretches 2,500 miles coast to coast, simplifies logistics from North Carolina to California.
- US Hwy 70 provides the county's major east-west route and connects the Wayne County to the major deep-water ports on North Carolina's Crystal Coast, as well as the City of Raleigh with its Raleigh-Durham International Airport.
- US Hwy 264 provides direct access to Greenville to the east.

North-South:

- Interstate 795 connects Goldsboro to Wilson and reaches Interstate 95's extensive north-south reach. US Hwy 70 also connects to I-95, which gives complete 1,900 miles of east coast access from the Canadian border to the tip of Florida.
- US Hwy 117 connects Wayne County's largest industrial facilities and provides access for the transport of goods and materials to I-40 and I-95.

Additional state highways provide extensive reach to all areas of the state and beyond.

### **Rail Transportation**

Wayne County is served by two rail companies which provide businesses with reliable rail service for the efficient transport of goods and materials.

- CSX service runs north-south, parallel with the I-795/US 117 corridor, and along I-95, and east/west along I-40.
- Norfolk Southern service runs east-west parallel to US 70 and provides access to I-40, US 117 and the deep-water port located at Morehead City.

### **Airports**

- Private, in-county air transportation service is available at both the Wayne County Executive Jetport (5,500 feet of runway) and the Mount Olive Municipal Airport (5,255 feet of runway).
- National, international and cargo air service is available at Raleigh Durham International Airport (RDU), located approximately one-and-a-half hours from Wayne County. RDU is serviced by all major airlines and offers passenger service to major cities and transportation hubs, including London, Toronto, Atlanta, Chicago, Dallas, Denver, Houston, Los Angeles, Miami, New York, Seattle, Washington D.C., and more.

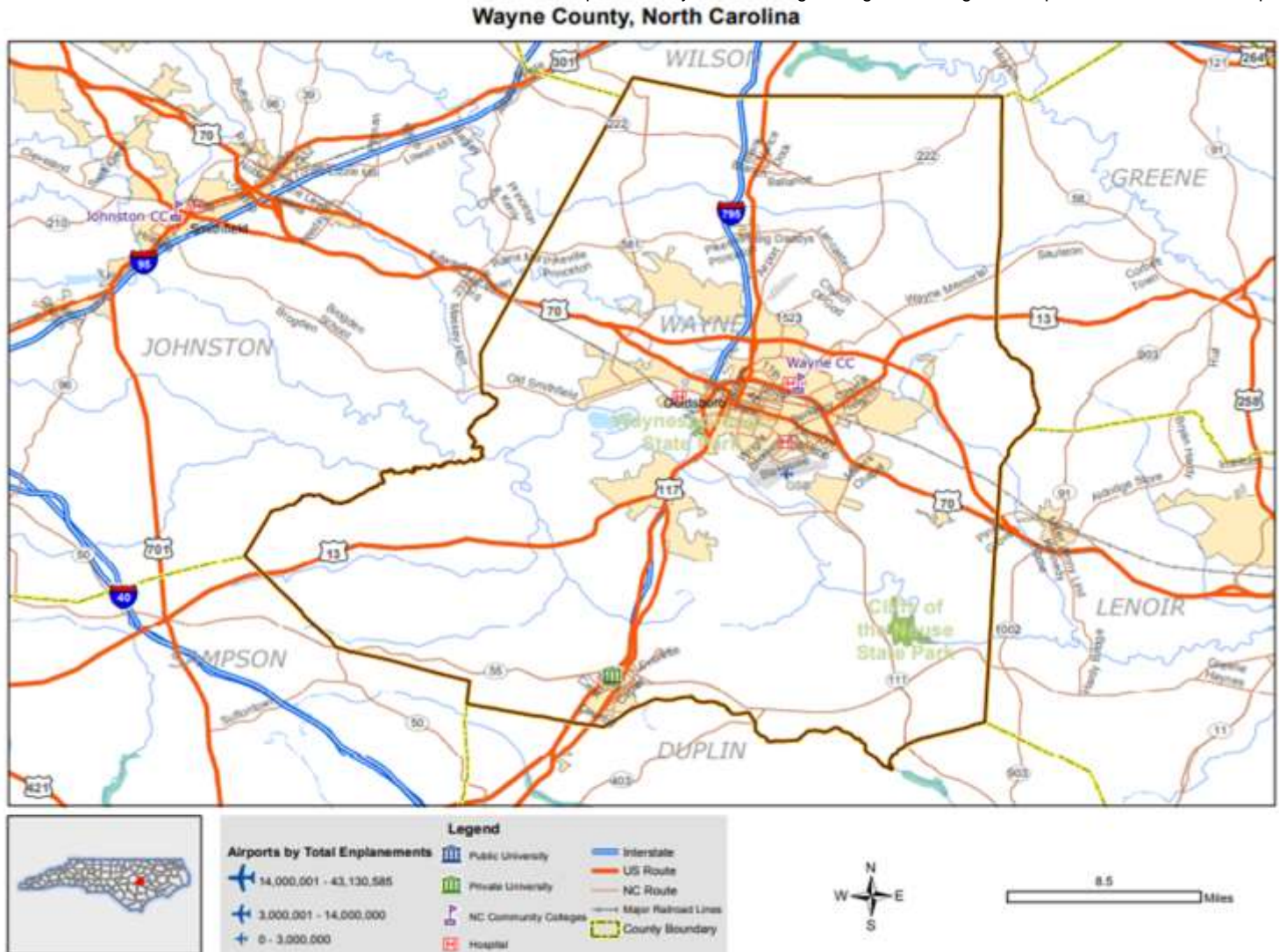
- The North Carolina Global TransPark (GTP) is a 2,500- acre industrial/airport site located in neighboring Lenoir County. The park offers access to multi-modal transportation on options: air, rail, highways, and North Carolina's two international ports. The airport runway has been extended to 11,500 feet, making it one of the longest commercial runways in the state.

### Ports

Located approximately two hours east of Wayne County, the Port of Morehead City is one of the deepest ports on the East Coast, offering break bulk and bulk cargo service just four miles from the Atlantic Ocean. The Port of Morehead City is the country's second largest importer of natural rubber and a leading exporter of phosphate. It offers a 177,000-square-foot warehouse for the storage of high-value commodities.

Less than two hours from Wayne County, the Port of Wilmington, NC, offers terminal facilities for container, bulk and break bulk operations. Served by a 42-foot navigational channel, the port offers modern transit and warehouse facilities, post-Panamax container cranes and support equipment, and the latest in cargo management technology.

<http://www.waynealliance.org/Strategic-Advantages/Transportation-Infrastructure.aspx>



Prepared by North Carolina Department of Commerce, Labor & Economic Analysis Division, January 2018

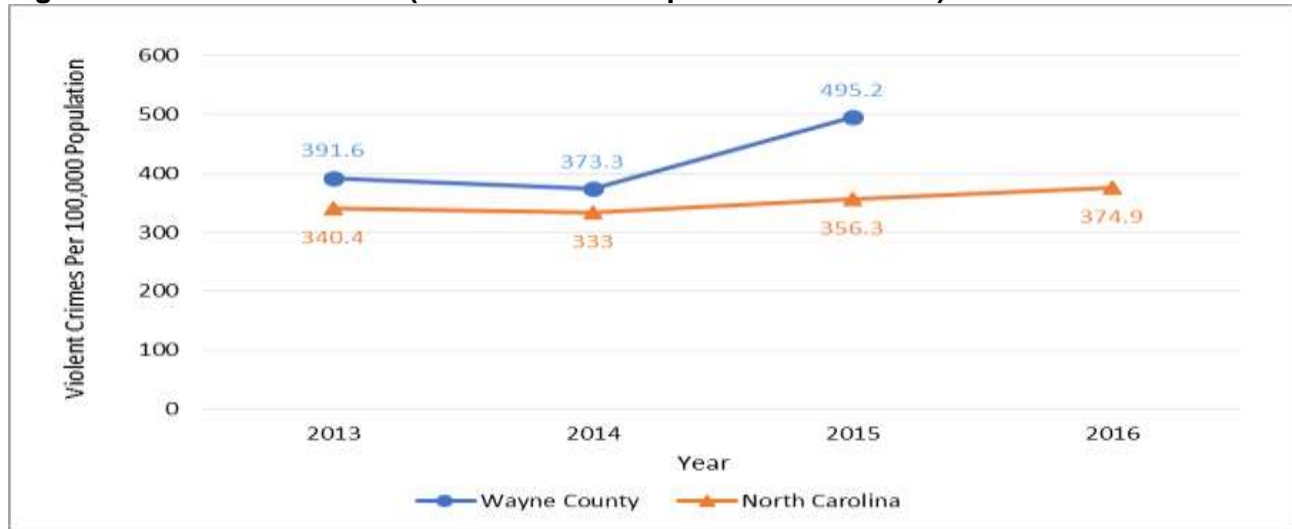
## Crime and Safety

### Violent Crime and Property Crime

Both violent crime and property crime are used as indicators of a community's crime and safety. Violence negatively impacts communities by reducing productivity, decreasing property values and disrupting social services. Violent crime includes four offenses: murder and non-negligent manslaughter, rape, robbery, and aggravated assault. Property crime includes the offenses of burglary, larceny-theft, motor vehicle theft, and arson.

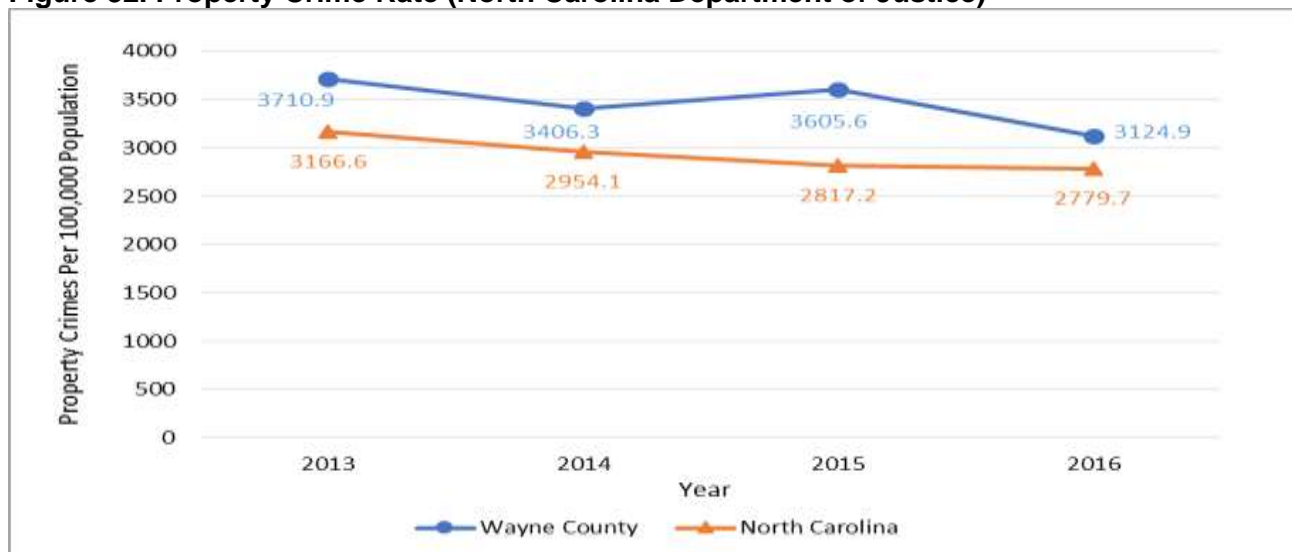
The violent crime rate in Wayne County is 495.2 per 100,000 population in 2015, compared to 356.3 per 100,000 people in North Carolina (Figure 31).

**Figure 9. Violent Crime Rate (North Carolina Department of Justice)**



The property crime rate in Wayne County (3,124.9 per 100,000 people) is higher than the state value (2,779.7 per 100,000 people) (Figure 32). Since 2013, the property crime rate has decreased in both the county and state.

**Figure 32. Property Crime Rate (North Carolina Department of Justice)**



## Juvenile Crime

Youth who commit a crime may not gain the educational credentials necessary to secure employment and succeed later in life. Negative peer influences, history of abuse/neglect, mental health issues, and significant family problems increase the risk of juvenile arrest. The juvenile justice system aims to reduce juvenile delinquency through prevention, intervention, and treatment services.

Figure 33 shows the juvenile undisciplined rate per 1,000 youth ages 6-17 years old. The undisciplined rate describes juveniles who are unlawfully absent from school, regularly disobedient and beyond disciplinary control of the parent/guardian, are regularly found where it is unlawful for juveniles to be, or have run away from home for more than 24 hours. The 2017 juvenile undisciplined rate in Wayne County (0.3) is lower than the rate in North Carolina (1.5) and the Health ENC region (1.1).

**Figure 33. Juvenile Undisciplined Rate (North Carolina Department of Public Safety)**

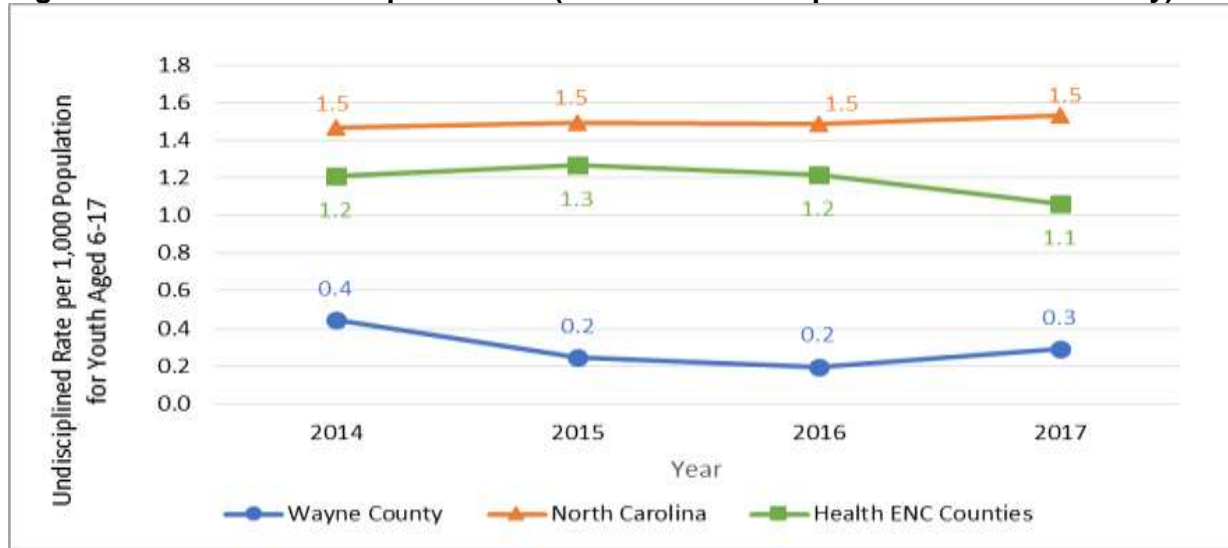
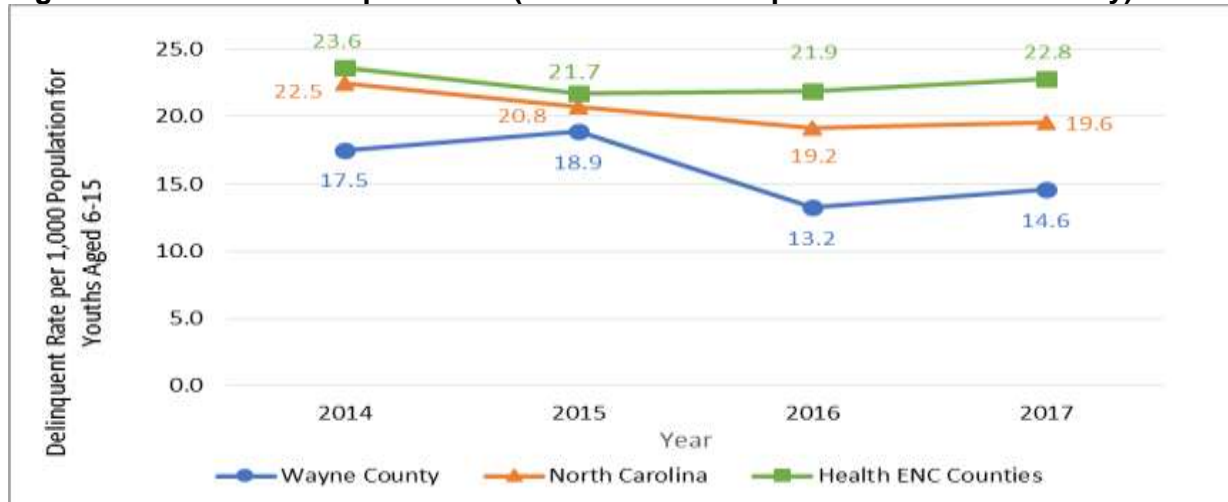


Figure 34 shows the juvenile delinquent rate, or juvenile crime rate, per 1,000 youth ages 6-15 years old. The 2017 juvenile delinquent rate in Wayne County (14.6) is lower than the rate in North Carolina (19.6) and the Health ENC region (22.8).

**Figure 10. Juvenile Delinquent Rate (North Carolina Department of Public Safety)**



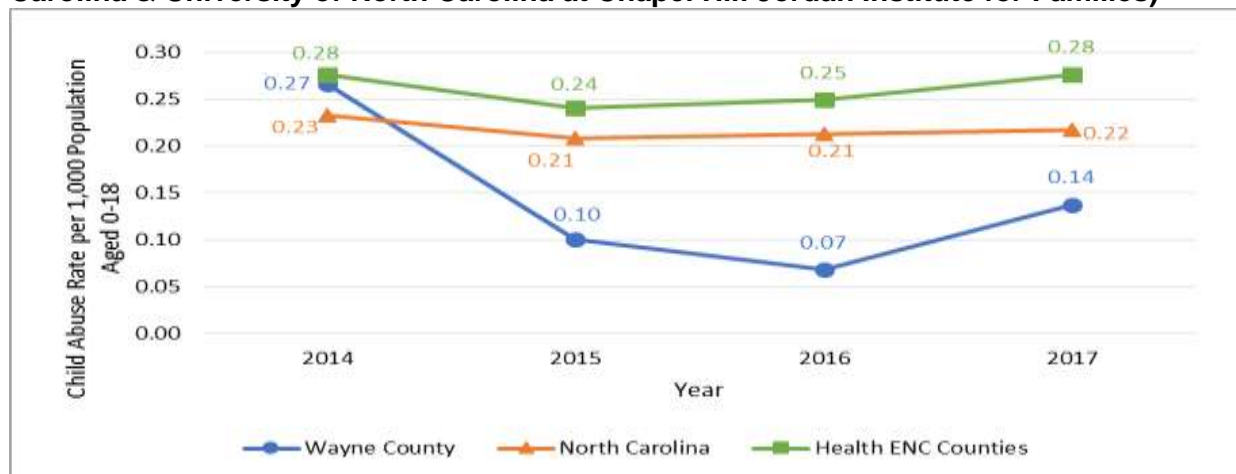


## Child Abuse

Child abuse includes physical, sexual and emotional abuse. All types of child abuse and neglect can have long-lasting effects throughout life, damaging a child's sense of self, ability to have healthy relationships, and ability to function at home, at work, and at school. Figure 35 shows the child abuse rate per 1,000 population aged 0-18. The 2017 child abuse rate in Wayne County (0.14 per 1,000 population) is lower than the rate in North Carolina (0.22) and the Health ENC region (0.28).

**Figure 35. Child Abuse Rate**

**(Management Assistance for Child Welfare, Work First, and Food & Nutrition Services in North Carolina & University of North Carolina at Chapel Hill Jordan Institute for Families)**

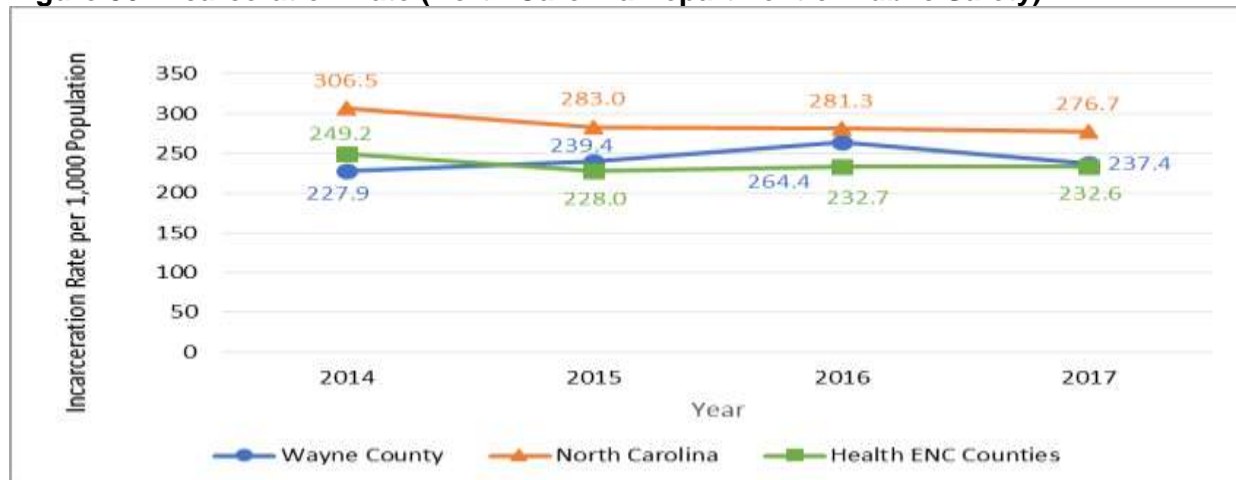


## Incarceration

According to the U.S. Bureau of Justice Statistics, approximately one out of 100 adults in the U.S. are in jail or prison. Conditions in jails and prisons can lead to an increased risk of infectious diseases such as tuberculosis and hepatitis C, as well as assault from other inmates. After incarceration, individuals are likely to face a variety of social issues such as employment discrimination, disruption of family relationships and recidivism.

Figure 36 shows the incarceration rate per 1,000 population. The 2017 incarceration rate in Wayne County (237.4 per 1,000 population) is lower than the rate in North Carolina (276.7), but slightly higher than the Health ENC region (232.6).

**Figure 36. Incarceration Rate (North Carolina Department of Public Safety)**





# Access to Healthcare, Insurance and Health Resources Information

## Health Insurance

Medical costs in the United States are very high. People without health insurance may not be able to afford medical treatment or prescription drugs. Those that are uninsured or underinsured are also less likely to get routine checkups and screenings, so if they do become ill they may not seek treatment until the condition is more advanced, and therefore more difficult and costly to treat.

Figure 37 shows the percent of people aged 0-64 years old that have any type of health insurance coverage. The rate for Wayne County, 85.3%, is lower than the rate for North Carolina (87.8%) and the Health ENC region (87.2%). Countywide, 14.7% of the population is uninsured.

**Figure 37. Persons with Health Insurance (Small Area Health Insurance Estimates, 2016)**

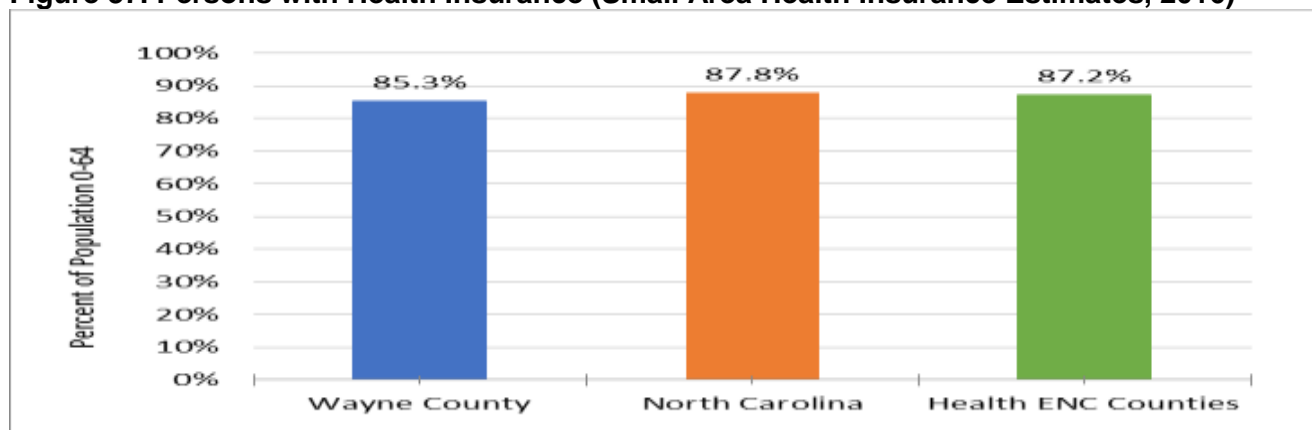
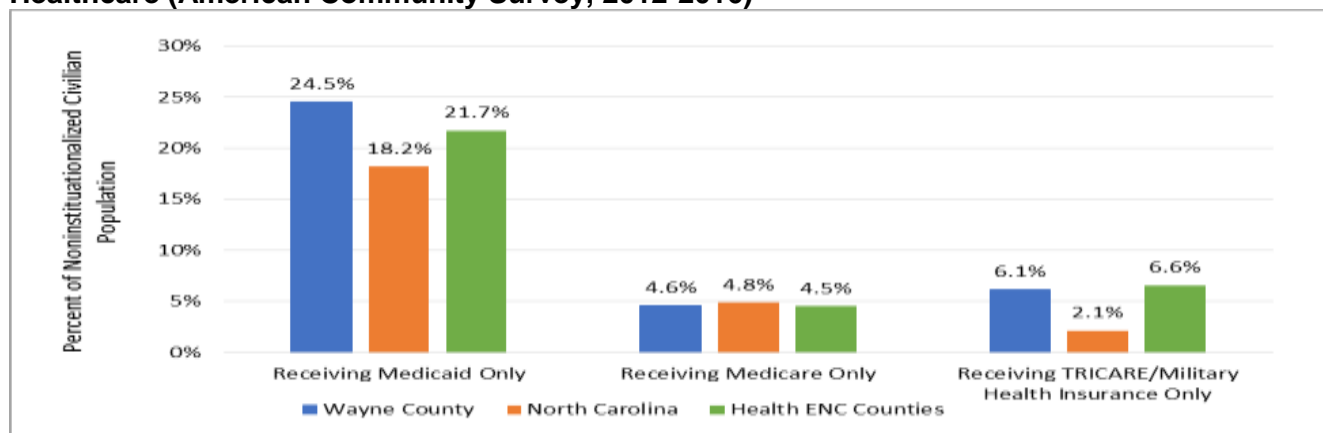


Figure 38 shows the percent of the population only receiving health insurance through Medicaid, Medicare, or military healthcare (TRICARE). Wayne County has a higher percent of people receiving Medicaid (24.5%) than North Carolina (18.2%) and Health ENC counties (21.7%). The percent of people receiving Medicare is slightly lower in Wayne County (4.6%) than in North Carolina (4.8%), but slightly higher than Health ENC counties (4.5%). The percent of people receiving military health insurance is higher in Wayne County (6.1%) than in North Carolina (2.1%), but lower than Health ENC counties (6.6%).

**Figure 38. Persons Only Receiving Health Insurance through Medicaid, Medicare or Military Healthcare (American Community Survey, 2012-2016)**



## Civic Activity

### Political Activity

Exercising the right to vote allows a community to choose elected officials and hold them accountable. Voting ensures that all citizens have the opportunity to voice their opinions on issues such as the use of tax dollars, civil rights and foreign policy. By voting, individuals shape their communities and influence the next generation of society. A high level of voter turnout indicates that citizens are involved and interested in who represents them in the political system.

Figure 39 shows the voting age population, or percent of the population aged 18 years and older. Wayne County has a smaller percent of residents of voting age (76.1%) than North Carolina (77.3%) and Health ENC counties (76.7%).

**Figure 39. Voting Age Population (American Community Survey, 2012-2016)**

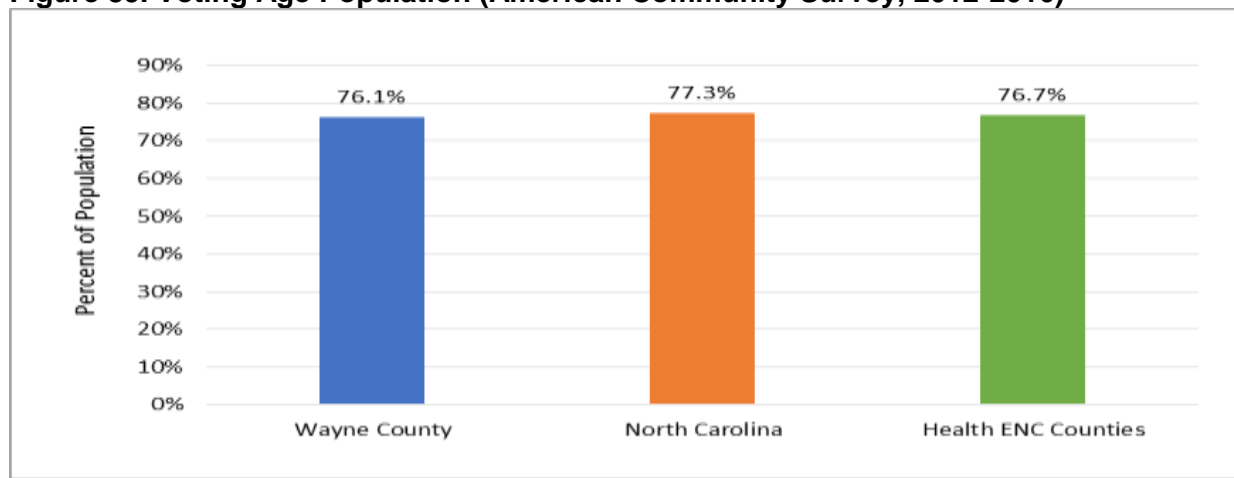
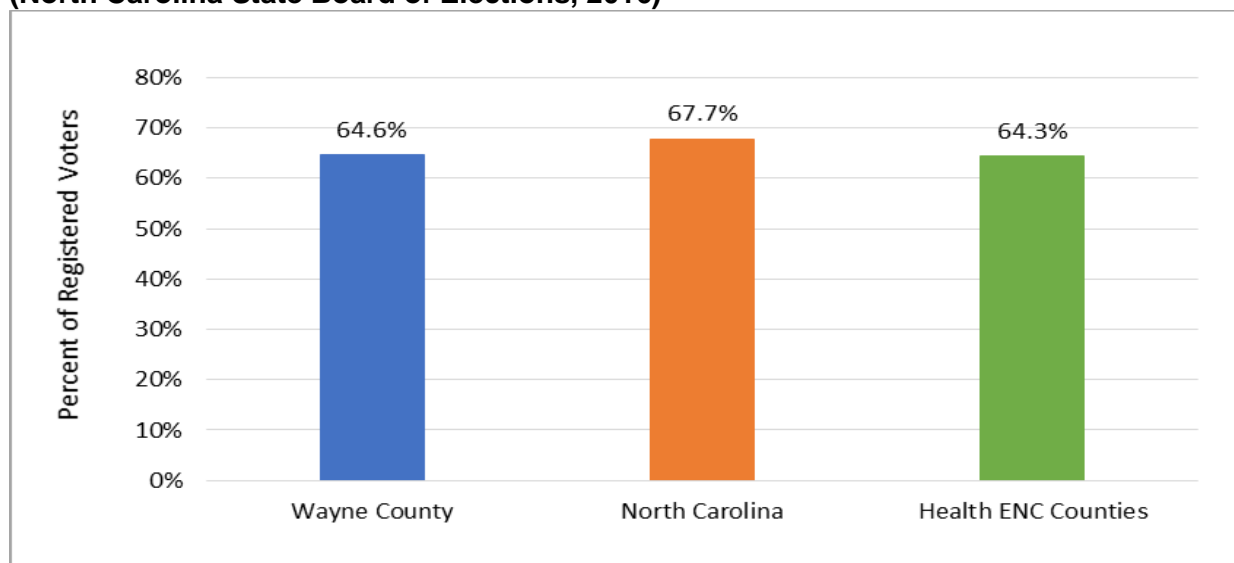


Figure 40 shows the percent of registered voters who voted in the last presidential election. The rate in Wayne County was 64.6%, which is lower than the state value (67.7%) and slightly higher than the regional value (64.3%).

**Figure 40. Voter Turnout in the Last Presidential Election (North Carolina State Board of Elections, 2016)**



## County Structure

According to the U.S. Census Bureau, the county has a total area of 557 square miles (1,440 km<sup>2</sup>), of which 553 square miles (1,430 km<sup>2</sup>) is land, and 3.8 square miles (9.8 km<sup>2</sup>) (0.7%) is water.

Wayne County's surface is level to gently rolling uplands with broad bottoms along the rivers and some creeks. Elevations are predominantly 120 to 145 feet above sea level. The largest waterway, the Neuse River, bisects the lower central portion of the county and cuts a deep channel 20 to 40 feet deep as it flows in an eastward direction. Unusual river bluffs occur in the vicinity of Seven Springs. In addition to the Neuse River, the county is drained by the Little River, the Northeast Cape Fear River, and numerous creeks.

The climate in Wayne County is characterized by warm summers and moderate winters. The average temperature is about 62 degrees. Annual precipitation is about 50 inches of rainfall per year, with the major portion occurring in the late spring and summer.

## Adjacent counties

- Wilson County – north
- Greene County - east-northeast
- Lenoir County - east-southeast
- Duplin County - south
- Sampson County - southwest
- Johnston County - west

## Communities of Wayne County

### City

- Goldsboro

### Townships

- Brogden
- Buck Swamp
- Fork
- Goldsboro
- Grantham
- Hood Swamp
- Indian Springs
- Nahunta
- New Hope
- Pikeville
- Saulston
- Stoney Creek

### Census Designated Places

- Brogden
- Elroy
- Mar-Mac

### Towns

- Eureka
- Fremont
- Pikeville
- Mount Olive
- Seven Springs

### Unincorporated Communities

- Dudley
- Faro
- Grantham
- Hopewell
- Nahunta
- Rosewood

# Findings



# Findings

## Secondary Data Scoring Results

Table 10 shows the data scoring results for Wayne County by topic area. Topics with higher scores indicate greater need. Children's Health is the poorest performing health topic for Wayne County, followed by Public Safety, Occupational & Environmental Health, Diabetes, Respiratory Diseases, and Economy. Children's Health will be examined in the section titled Highly Impacted Populations.

**Table 10. Secondary Data Scoring Results by Topic Area**

Health Topic	Score
Children's Health	2.03
Public Safety	2.02
Occupational & Environmental Health	1.96
Diabetes	1.96
Respiratory Diseases	1.92
Economy	1.87

\*See Appendix B for additional details on the indicators within each topic area

## Primary Data

### Community Survey

Figure shows the list of community issues that were ranked by residents as most affecting the quality of life in Wayne County. Low-income/poverty was the most frequently selected issue and was ranked by 39.4% of survey respondents, followed by drugs/substance abuse and violent crime. Less than 1% of survey respondents selected hopelessness, domestic violence, neglect and abuse, rape/sexual assault, elder abuse and child abuse as issues most affecting the quality of life in Wayne County.

**Figure 41. Top Quality of Life Issues, as Ranked by Survey Respondents**

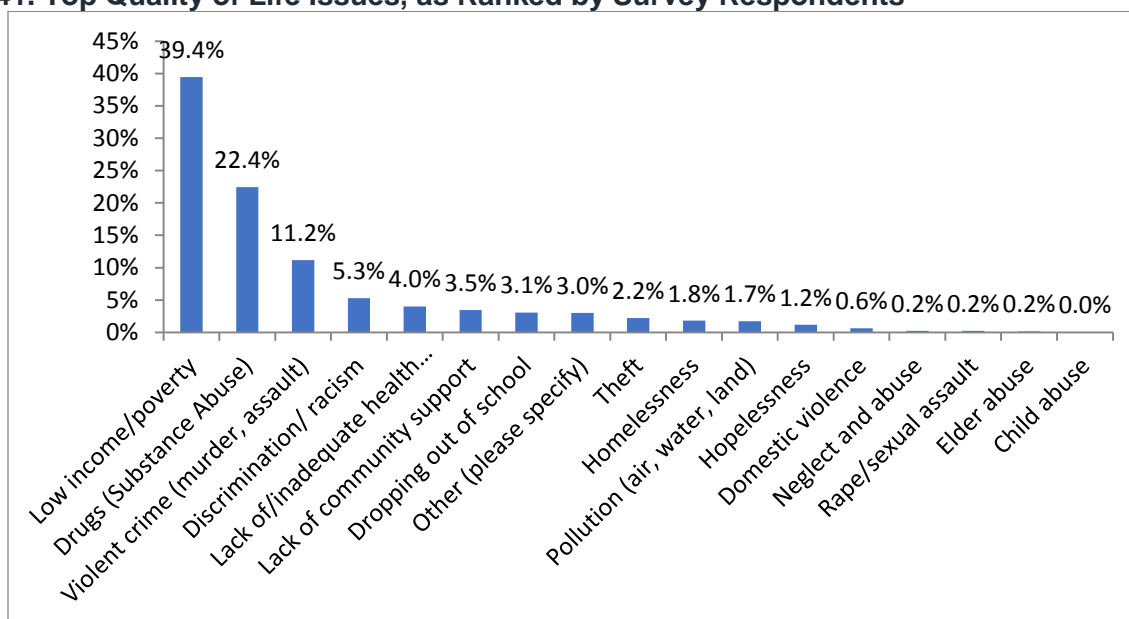
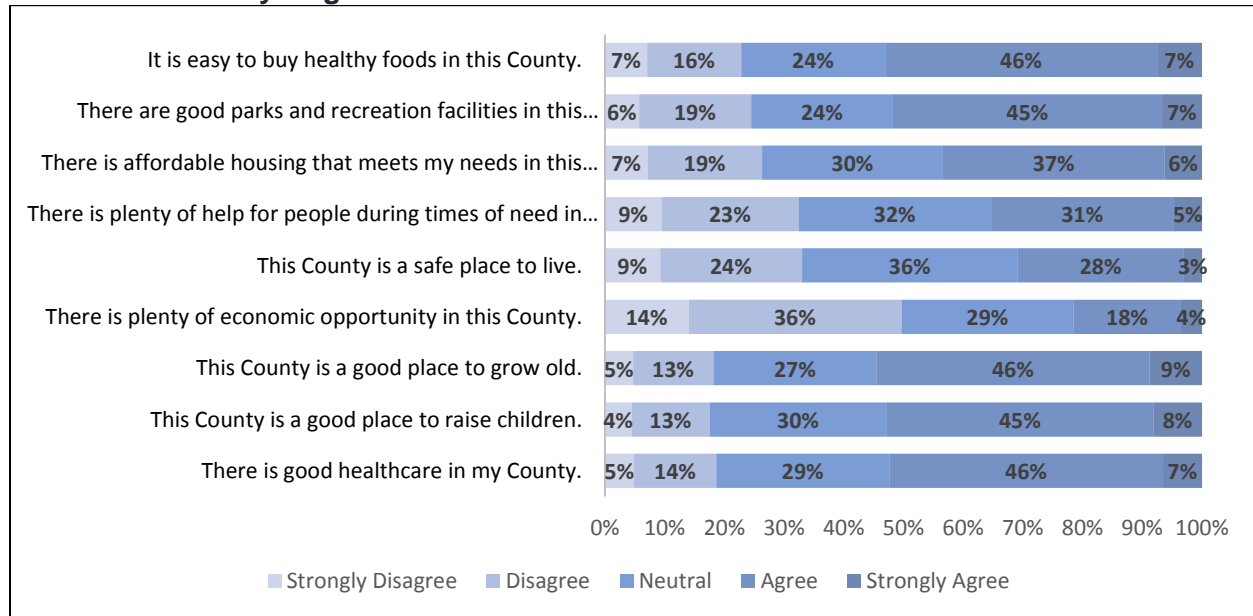




Figure 42 a-b displays the level of agreement among Wayne County residents in response to nine statements about their community. For the English and Spanish survey, more than half of survey respondents agreed or strongly agreed that the county is an easy place to buy healthy foods and there are good parks and recreation facilities. Half of the English survey respondents disagreed (36%) or strongly disagreed (14%) that the county has plenty of economic opportunities. For the Spanish survey only, half or more half of survey respondents agreed or strongly agreed that the county has affordable housing, there is plenty of help in times of need and the county is a safe place to live.

**Figure 42a. Level of Agreement Among Wayne County Residents in Response to Nine Statements about their Community-English**



**Figure 11b. Level of Agreement Among Wayne County Residents in Response to Nine Statements about their Community-Spanish**

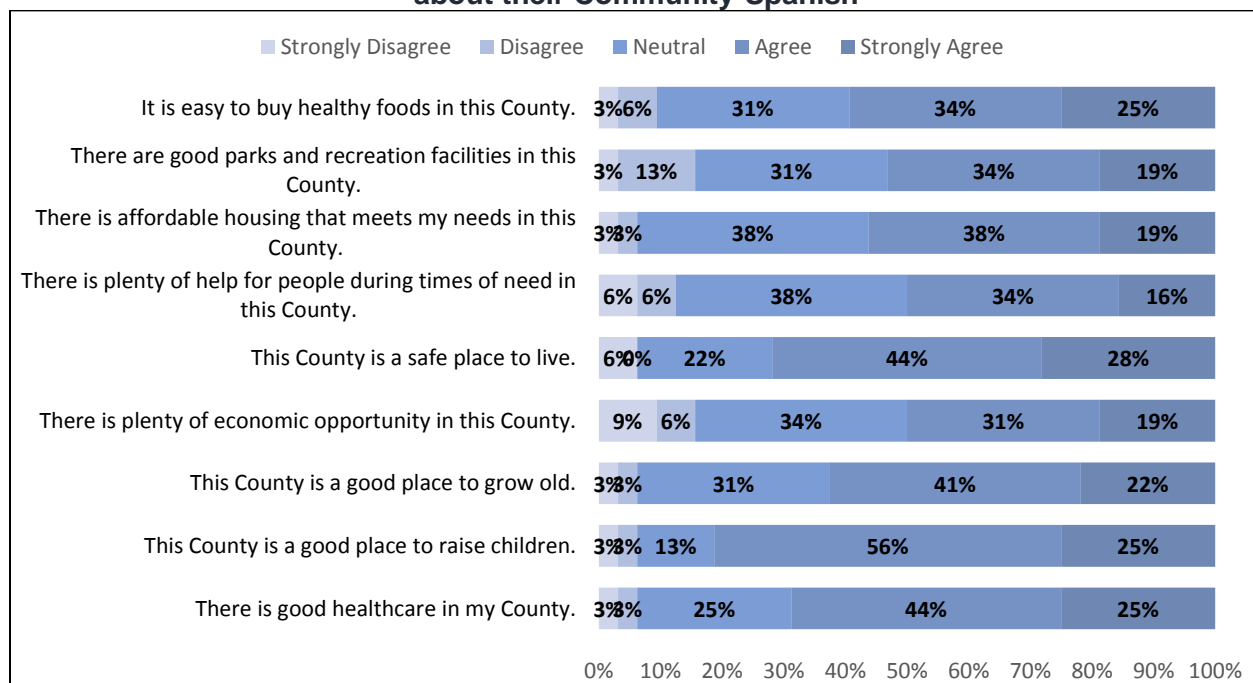


Figure 43 a-b shows the list of services that were ranked by residents as needing the most improvement in Wayne County. Higher paying employment was the most frequently selected issue by English survey respondents, followed by positive teen activities, availability of jobs and counseling mental health support. Spanish survey respondents selected animal control and better/more recreation facilities as needing the most improvement, followed by the number of health care providers and positive teen activities.

Figure 43a. Services Needing the Most Improvement, as Ranked by Survey Respondents-English

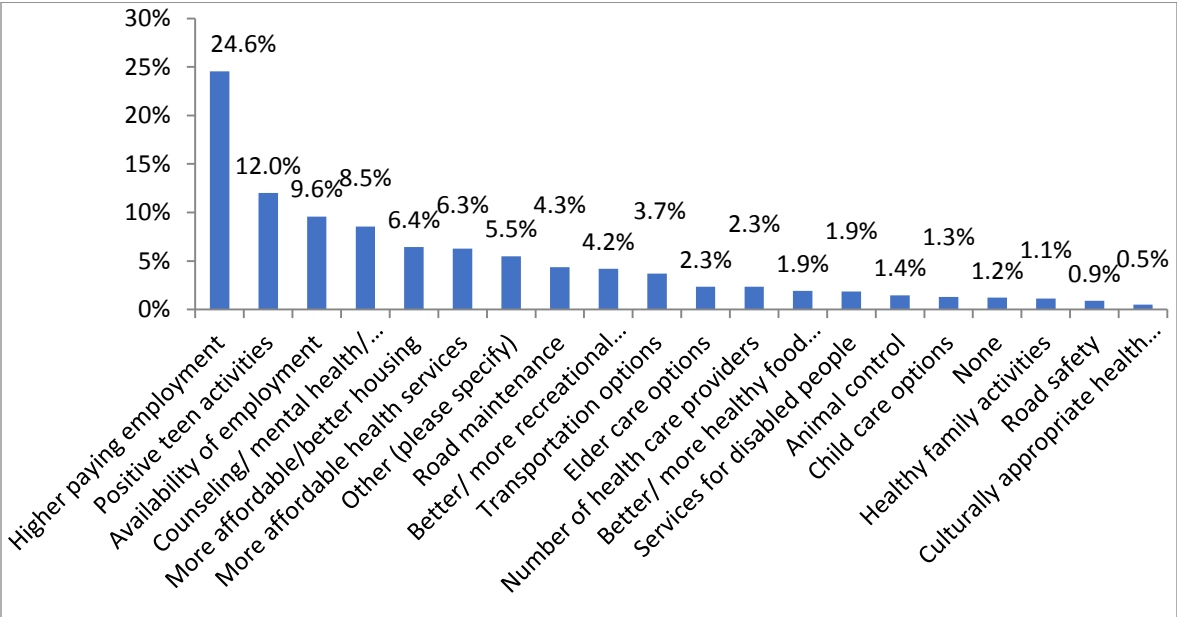


Figure 43b. Services Needing the Most Improvement, as Ranked by Survey Respondents-Spanish

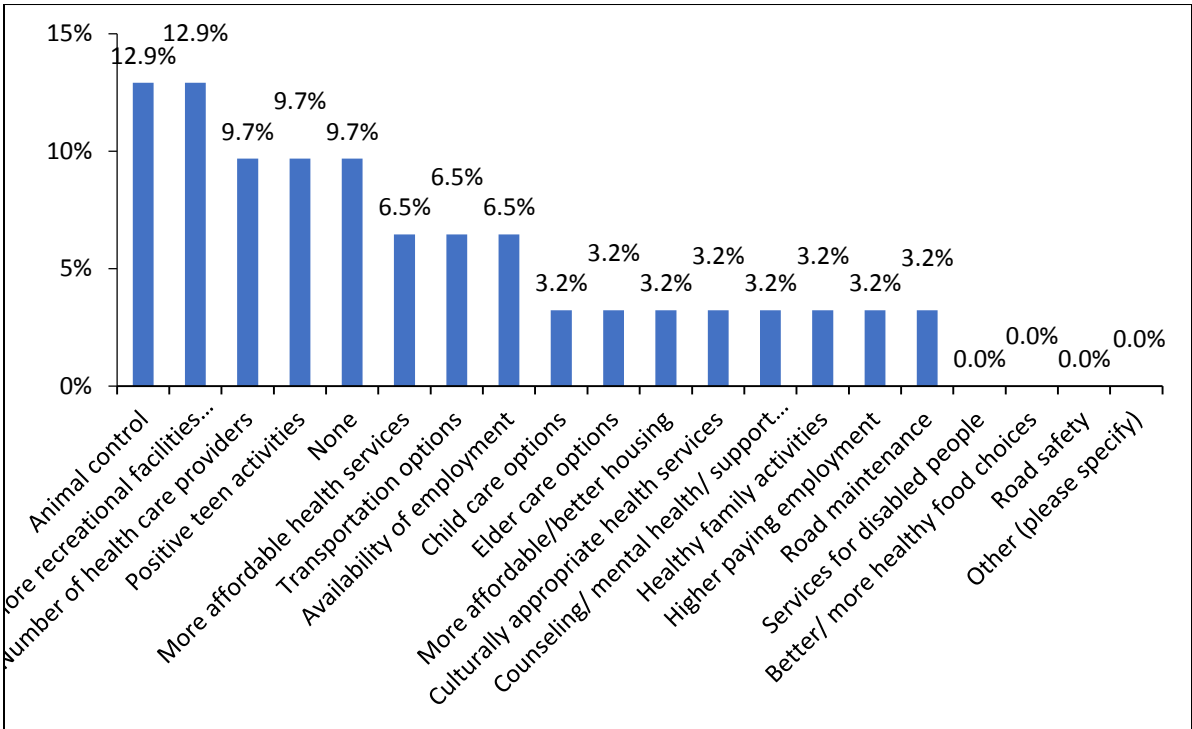
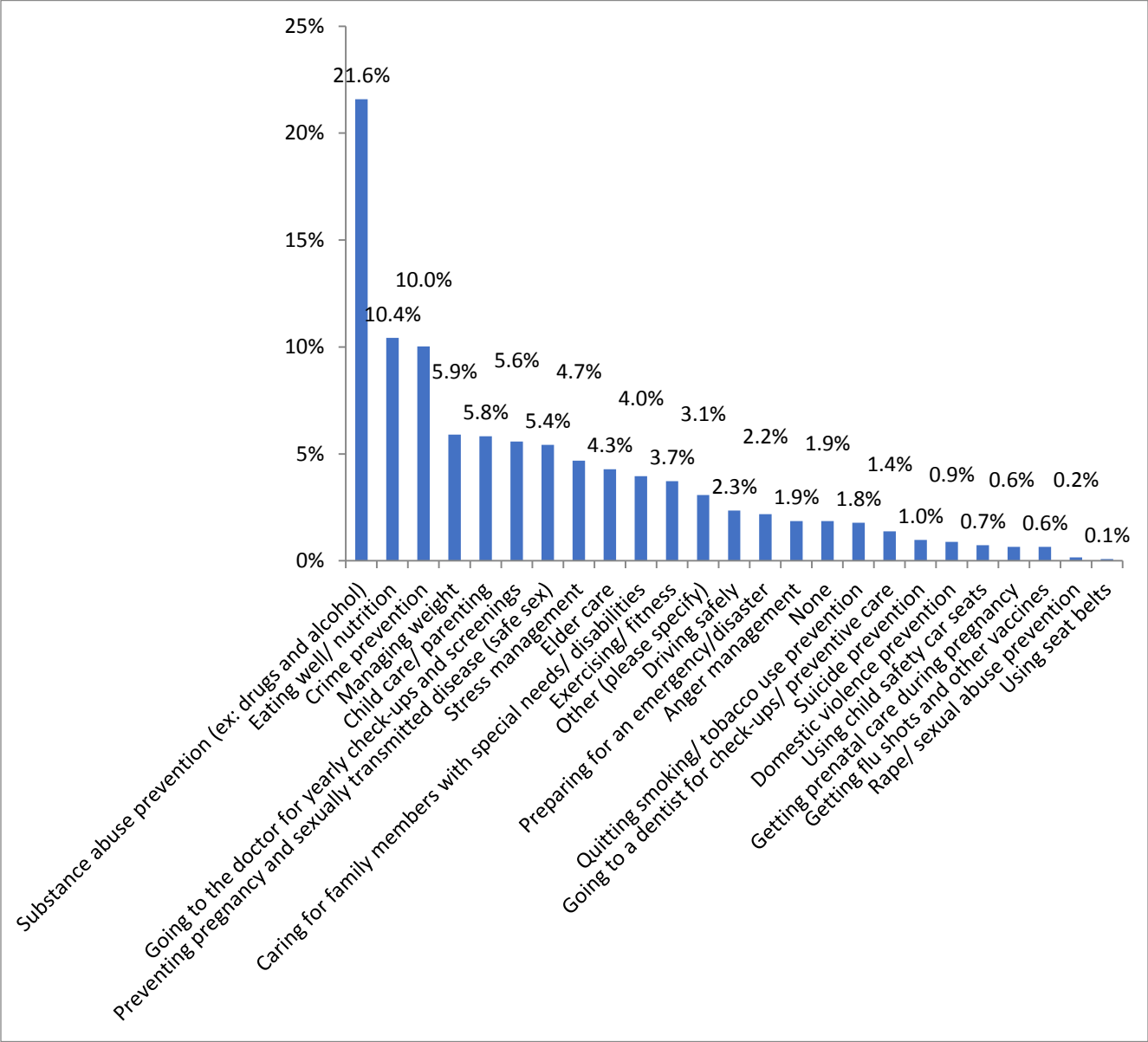
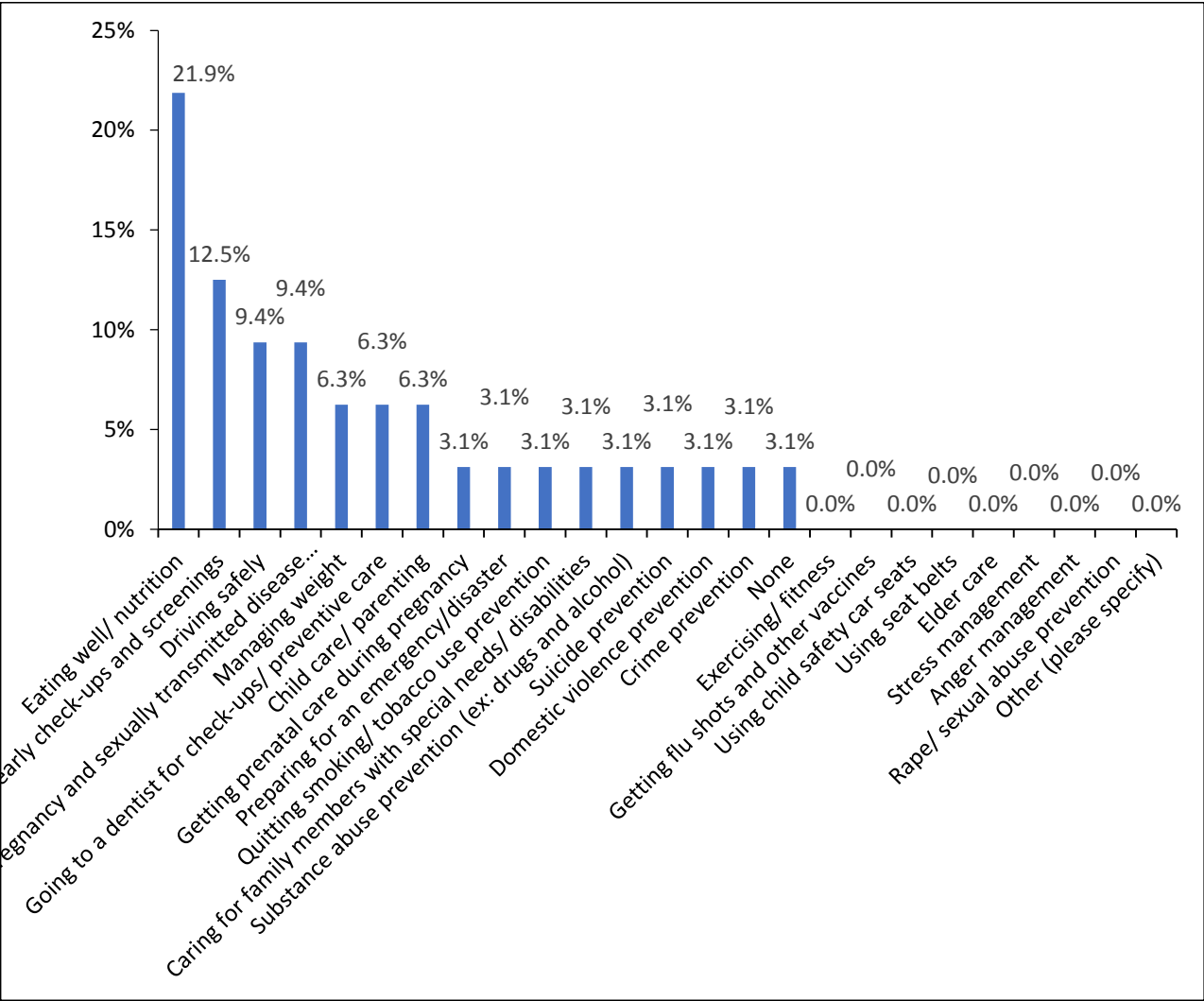


Figure 44 a-b shows a list of health behaviors that were ranked by residents as topics that Wayne County residents need more information about. Substance abuse prevention was the most frequently selected issue by English survey respondents (21.6%) while eating well/nutrition was the most frequently selected by Spanish survey respondents (21.9%).

**Figure 44a. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents-English**



**Figure 44b. Health Behaviors that Residents Need More Information About, As Ranked by Survey Respondents-Spanish**



**Focus Group Discussions**

Table 11 shows the focus group results for Wayne County by topic area or code. Focus Group transcript text was analyzed by the Conduent HCI team using a list of codes that closely mirror the health and quality of life topics used in the data scoring and community survey processes. Text was grouped by coded excerpts, or quotes, and quantified to identify areas of the highest need per the focus group participants. All excerpts/quotes were also categorized as a strength or a barrier/need based on the context in which the participant mentioned the topic. Topics with higher frequency and mentioned in the context of needs/concerns or barriers/challenges suggests greater need in the community. Topics with a frequency more than 30 are included in the overall list of significant health needs.

**Table 11. Focus Group Results by Topic Area**

<b>Topic Area (Code)</b>	<b>Frequency</b>
Access to Health Services	82
Exercise, Nutrition & Weight	54
Economy	31
Low-Income/Underserved	23
Substance Abuse	19
Mental Health & Mental Disorders	16
Children's Health	15

## Data Synthesis

All forms of data have strengths and limitations. In order to gain a comprehensive understanding of the significant health needs for Wayne County, findings from the secondary data, community survey and focus group discussions were compared and analyzed for areas of overlap. The top needs from each data source were identified using the criteria displayed in Table 12.

**Table 12. Criteria for Identifying the Top Needs from each Data Source**

<b>Data Source</b>	<b>Criteria for Top Need</b>
Secondary Data	5 topics receiving highest data score
Community Survey	Community issues ranked by survey respondents as most affecting the quality of life*
Focus Group Discussions	Topics discussed most frequently by participants in context of needs/concerns or barriers/challenges to achieving health

\*Community Survey Q4: Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County?



Figure 45 displays the top needs from each data source in the Venn diagram.

**Figure 45. Data Synthesis  
Secondary Data**



The highest ranked topics from each data source are included in the data synthesis. Across all three data sources, there is strong evidence of need for Economy and Public Safety. Although survey respondents gave Substance Abuse a high level of importance, this topic did not rank as high in the secondary data scoring results or focus group discussions. Access to Health Services and Exercise, Nutrition & Weight, ranked high in focus group discussions though did not appear as top needs in data scoring or the community survey. Finally, three topics were ranked as top needs in the data scoring only: Diabetes, Occupational & Environmental Health and Respiratory Diseases.

As seen in Figure 45 the survey results and focus group discussion analysis cultivated additional topics not ranked as top priorities in the secondary data findings. A mixed-methods approach is a strength when assessing a community as a whole. This process ensures robust findings through statistical analysis of health indicators and examination of constituent’s perceptions of community health issues.

**Topic Areas Examined in This Report**

Eight topic areas were identified across the three data sources. These topics are listed in Table 13.

Table 13. Topic Areas Examined In-Depth in this Report







Access to Health Services
Diabetes*
Economy*
Exercise, Nutrition & Weight
Occupational & Environmental Health*
Public Safety*
Respiratory Diseases*
Substance Abuse

The five topic areas with the highest secondary data scores (starred\*) are explored in-depth in the next section and include corresponding data from community participants when available. Following the five topic areas is a section called ‘Other Significant Health Needs’ which includes discussion of the additional topics that were identified specifically in the community survey and focus group discussions. The additional topics in ‘Other Significant Health Needs’ includes Access to Health Services, Exercise, Nutrition & Weight and Substance Abuse.

Navigation Within Each Topic

Findings are organized by topic area. Within each topic, key issues are summarized followed by a review of secondary and primary data findings. Special emphasis is placed on populations that are highly impacted, such as older adults, race/ethnic groups or low-income populations. Figures, tables, and extracts from quantitative and qualitative data substantiate findings. Each topic includes a table with key indicators from the secondary data scoring results. The value for Wayne County is displayed alongside relevant comparisons, gauges and icons which are color-coded with green indicating good, red indicating bad and blue indicating neutral. Table 14 describes the gauges and icons used to evaluate the secondary data.

Table 14. Description of Gauges and Icons used in Secondary Data Scoring

Gauge or Icon	Description
	Green represents the "best" 50th percentile.
	Yellow represents the 50th to 25th quartile
	Red represents the "worst" quartile.
	There has been a non-significant increase/decrease over time.
	There has been a significant increase/decrease over time.
	There has been neither a statistically significant increase nor decrease over time.

## Public Safety














### Key Issues

- Age-adjusted death rate due to homicide is the top scoring Public Safety issue
- Violent crime is higher in Wayne County than in the state and U.S.
- Public Safety is a barrier to some community members participating in outdoor activities

### Secondary Data

From the secondary data scoring results, Public Safety was identified to be a top need in Wayne County with a score of 2.02. Specific indicators of concern are highlighted in Table 15.

**Table 15. Data Scoring Results for Public Safety**

Score	Indicator (Year) (Units)	Wayne County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.58	Age-Adjusted Death Rate due to Homicide (2012-2016) (deaths/ 100,000 population)	10.5	6.2	5.5				6.7	5.5
1.9	Age-Adjusted Death Rate due to Motor Vehicle Collisions (2012-2016) (deaths/ 100,000 population)	17.4	14.1	-				-	-
2	Alcohol-Impaired Driving Deaths (2012-2016) (percent)	32.7	31.4	29.3				4.7	-
1.85	Property Crime Rate (2016) (crimes/ 100,000 population)	3124.9	2779.7	-				-	-
2.28	Violent Crime Rate (2016) (crimes/ 100,000 population)	442	374.9	386.3				-	-
2.15	Age-Adjusted Death Rate due to Firearms (2014-2016) (deaths/ 100,000 population)	15.7	12.7	11				-	9.3

\*See Appendix B for full list of indicators included in each topic area

Death rates due to homicide and firearms are a clear area of concern for Wayne County based on the highest scoring indicators within the Public Safety topic area. The indicator score for age-adjusted death rate due to homicide for Wayne County is 2.58 with a value of 10.5 deaths per 100,000 occurring in

2012-2016. This is higher than the rate in both North Carolina (6.2 deaths/100,000 population) and the U.S. (5.5 deaths/100,000), and there is a trend upward, though this increase is not statistically significant at this time. Wayne County does not meet the Healthy North Carolina 2020 target of 6.7 deaths per 100,000 population or the Healthy People 2020 target of 5.5. The indicator score for age-adjusted death rate due to firearms for Wayne County is 2.15 with a value of 15.7 deaths per 100,000 occurring in 2014-2016. This is higher than the rate in both North Carolina (12.7 deaths/100,000 population) and the U.S. (11 deaths/100,000), yet there is a trend downward for this indicator though this decrease is not statistically significant at this time. Wayne County does not meet the Healthy People 2020 target of 9.3 deaths per 100,000 population.

The age-adjusted death rate due to motor vehicle collision for Wayne County in 2012-2016 is 17.4 deaths per 100,000 population, which is higher than the rate for North Carolina (14.1 deaths/100,000). There is an increasing trend for this indicator that is not statistically significant at this time. Additionally, the percentage of alcohol-impaired driving deaths from 2012-2016 in Wayne County is 32.7% which is higher than North Carolina (31.4%) and the U.S. (29.3%) which has not significantly increased or decreased over time.

Violent crime is also an area of concern for Wayne County with 442 crimes per 100,000 population which is higher than in North Carolina (374.9/100,000 population) and the U.S. (386.3/100,000 population). The property crime indicator did not rank as high in data scoring as other indicators represented here (1.85), the Wayne County rate (3124.9 crimes/100,000 population) is higher than North Carolina (2,779.7 crimes/100,000 population). There is some evidence that this indicator is decreasing over time, though this is not statistically significant.

### **Primary Data**

According to survey results, Public Safety ranked as the third highest ranking quality of life topics individuals in Wayne County felt affected their lives, though these responses only represented 13% of total responses. 11% selected violent crime as a top issue and 2% selected theft as a top issue. The demographics of survey participants was skewed towards those who are employed with moderate to high household incomes. This may suggest that most survey participants are not adversely affected in the same way others in the community are by higher rates of crime. When asked about what health behaviors people in the community needed more information about, 10% of English survey respondents selected crime prevention compared to 3% in the Spanish survey. Over 50% of Spanish survey participants shared that they strongly agreed or agreed that Wayne County is a safe place to live, while 31% of English respondents felt the same. Focus group discussion did not heavily focus on public safety, though three participants each from different focus groups specifically mentioned safety was an important issue and two shared that safety in the community was a barrier to them exercising outside.

### **Highly Impacted Populations**

Data scoring analysis did not identify, or there was not data available, to indicate any groups highly impacted within the Public Safety topic area. No specific groups were identified in the primary data sources.

# Diabetes









## Key Issues

- Diabetes highly impacts adults over 20 and the Medicare population
- Age-adjusted death rate due to diabetes is higher in Wayne County than other areas of the state, this indicator is decreasing over time
- Community members experience financial barriers when attempting to make lifestyle changes to manage Diabetes

## Secondary Data

Diabetes received an overall data score of 1.96. Indicators of concern are displayed in Table 16.

**Table 16. Data Scoring Results for Diabetes**

Score	Indicator (Year) (Units)	Wayne County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.35	Diabetes: Medicare Population (2015) (percent)	32.6	28.4	26.5			
2.5	Adults 20+ with Diabetes (2014) (percent)	14	11.1	10			
1.88	Age-Adjusted Death Rate due to Diabetes (2012-2016) (deaths/100,000 population)	30.7	23	21.1			

\*See Appendix B for full list of indicators included in each topic area

Diabetes amongst adults and older adults is a clear area of concern for Wayne County based on the 2 highest scoring indicators within the Diabetes topic area. The indicator score for diabetes amongst the Medicare population is 32.6% in Wayne County and is higher than both the North Carolina (28.4%) and the U.S. overall (26.5%) values in 2015. Wayne County falls in the second to bottom quartiles in comparison to all North Carolina and the bottom quartile in comparison to all U.S. counties for diabetes amongst the Medicare population. There has been an increase over time for this indicator, though this increase is not statistically significant at this time. The indicator score for diabetes amongst adults over 20 years old is 14% in Wayne County and is higher than both the North Carolina (11.1%) and the U.S. overall (10%) values in 2014. Wayne County falls in the bottom quartile in comparison to all North Carolina counties and in comparison to all U.S. counties for diabetes amongst adults over 20 years old. There has been an increase over time for this indicator, though this increase is not statistically significant at this time.

The score for age-adjusted death rate due to diabetes for Wayne County is 1.88 with a value of 30.7 deaths per 100,000 occurring between 2012 and 2016. This is higher than the rate in both North Carolina



(23 deaths/100,000 population) and the United States (21.1 deaths/100,000). There is evidence of a significant decrease in the age-adjusted death rate due to diabetes in Wayne County over time.

### **Primary Data**

Community survey respondents, for both the English and Spanish survey, rated eating well/nutrition and managing weight as topics the community needs more information which may also impact the adult population living with Diabetes. 15.6% of English survey respondents reported having ever been told by a doctor that they diabetes.

Diabetes was raised in almost all of the focus group discussions as a top health issue in the community. In particular, participants shared personal stories about challenges they had with healthy eating habits specific to diabetes. The most common challenge participants raised was affordability when trying to make lifestyle changes to manage their diabetes. One participant shared the benefits in having a social network to maintain lifestyle changes over time.

**“I am diabetic and I eat the wrong thing even though I am diabetic because sometimes I can’t afford the healthy stuff.”**

**-Focus Group Participant**

### **Highly Impacted Populations**

The data scoring analysis shows that adults over 20 years old and the Medicare population are highly impacted by Diabetes in the Wayne County community. Further breakdown amongst these populations is not offered as the data is not available.

# Occupational & Environmental Health






## Key Issues

- Asthma is a top issue related to environmental health
- Air and water quality are environmental concerns in the community
- Highly impacted groups include the Medicare population and those with chronic respiratory illnesses

## Secondary Data

Occupational & Environmental Health received an overall data score of 1.96. Indicators of concern are displayed in Table 17.

**Table 17. Data Scoring Results for Occupational & Environmental Health**

Score	Indicator (Year) (Units)	Wayne County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend
2.5	Asthma: Medicare Population (2015) (percent)	9.7	8.4	8.2			
1.95	Age-Adjusted Hospitalization Rate due to Asthma (2014) (hospitalizations/ 10,000 population)	144.6	90.9	-			

\*See Appendix B for full list of indicators included in each topic area

Asthma-related indicators are the primary high scoring indicators of concern for Wayne County. The percent of the Medicare population with Asthma is 9.7% which is higher than in the state (8.4%) and the U.S. (8.2%). Wayne County is in the lowest quadrant when compared to other North Carolina counties and U.S. Counties, and there is a suggestion of an increasing trend, though the trend is not statistically significant at this time.

The age-adjusted hospitalization rate due to asthma has not significantly increased or decreased over time, although Wayne County performs much worse when compared to other North Carolina Counties. The Wayne County rate is 144.6 hospitalizations per 10,000 population compared to 90.9 hospitalizations per 10,000 population in North Carolina which places Wayne County in the lowest quartile compared to other counties in the state.

## Primary Data

According to survey results, less than 2% of community survey participants selected pollution as a top issue impacting their lives. 16.3% of English survey respondents reported that a doctor had diagnosed them as having asthma.

However, among focus group participants, concern for the air quality and water safety was raised by some participant when discussing their concerns with the local environment. Participants specifically shared concerns about runoff from area farms, pesticide use, and coal ash pollution. Multiple

**“Air quality should be better...”**

-Focus Group Participant

participants shared that they were living with chronic respiratory illnesses and one participant shared that they are unable to participate in activities outdoors.

### **Highly Impacted Populations**

The data scoring analysis shows that the Medicare population are highly impacted by Asthma in the Wayne County community. Further breakdown amongst this population is not offered as the data is not available. Focus group discussion did specify that those with chronic respiratory conditions as a group that is susceptible to the effects of poor air quality.

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# Respiratory Diseases











## Key Issues

- Lung and Bronchus Cancer are high need issues in the community
- Older adults in the Medicare population and males are highly impacted by certain respiratory diseases
- Smoking and tobacco use is persistent in the community and exposure to secondhand smoke in the home is a community concern

## Secondary Data

Respiratory Diseases has a data score of 1.92. Indicators of concern are displayed in Table 18.

**Table 18. Data Scoring Results for Respiratory Diseases**

Score	Indicator (Year) (Units)	Wayne County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
1.9	COPD: Medicare Population (2015) (percent)	12.8	11.9	11.2				-	-
2.4	Age- Adjusted Death Rate due to Lung Cancer (2010-2014) (deaths/ 100,000 population)	58.8	50.7	44.7				-	45.5
2.4	Lung and Bronchus Cancer Incidence Rate (2010-2014) (cases/ 100,000 population)	78	70	61.2				-	-
1.63	Tuberculosis Incidence Rate (2014) (cases/ 100,000 population)	2.4	2	3				-	1

\*See Appendix B for full list of indicators included in each topic area

Note: Wayne County indicators for asthma in the Medicare population and age-adjusted hospitalization due to asthma are high scoring for the Respiratory Diseases topic area though are not discussed here as they are discussed in the section focused on Occupational & Environmental Health.

Lung and Bronchus Cancer are top scoring indicators within the Respiratory Diseases health topic. The age-adjusted death rate due to lung cancer in 2010-2014 is 58.8 deaths per 100,000 population in Wayne County which is higher than in North Carolina (50.7 deaths/100,000 population) and in the U.S. (44.7 deaths/100,000 population). Wayne County does not meet the Healthy People 2020 goal of 45.5 deaths per 100,000 population due to lung cancer.

The lung and bronchus cancer incidence rate in 2010-2014 is 78 deaths per 100,000 population in Wayne County which is higher than in North Carolina (70 deaths/100,000 population) and in the U.S. (61.2 deaths/100,000 population). Wayne County performs in the second to worst performing quartile compared to other counties in North Carolina and the U.S., and there is slight suggestion of an increase though this trend is not statistically significant at this time.

There is slight suggestion of an increase of COPD in the Medicare population, though this trend is not statistically significant at this time. 12.8% of the Wayne County Medicare population has COPD as of 2015 which is higher than North Carolina (11.9%) and the U.S. (11.2%). The Tuberculosis (TB) incidence rate in Wayne County is 2.4 cases per 100,000 population which is slightly higher than North Carolina (2 cases/100,000 population) and slightly lower than the U.S. overall (3 cases/100,000 population). Wayne County does not meet the Healthy People 2020 goal of 1 case of TB per 100,000 population. However, there is a suggestion that the incidence rate may be decreasing over time, though this is not a statistically significant trend.

### **Primary Data**

When asked what health behavior community survey participants needed more information about, 5% selected quitting smoking/tobacco use prevention. However, 13.9% of English survey participants reported currently use tobacco products. None of the Spanish survey respondents reported using tobacco products. Of those who reported tobacco product use, 27.5% reported that they don't know where they would go if they wanted to quit and 19.3% would go to a doctor. 47.7% of English survey participants and 41.4% of Spanish Survey respondents reported having been exposed to secondhand smoke in the last year. Of those who indicated that they had been exposed to secondhand smoke, 36.2% of English survey respondent reported exposure in the home and 41.7% of Spanish survey respondents reported various other locations as the primary areas of exposure. Focus group participants raised tobacco use as an issue in relation to substance use issues in the community.

### **Highly Impacted Populations**

The data scoring analysis shows that the Medicare population is highly impacted by COPD in the Wayne County community. Further breakdown amongst this population is not offered as the data is not available. Additionally, the Lung and Bronchus Cancer incidence rate disproportionally impacts the male population of Wayne County.



# Economy






















## Key Issues

- Poverty is a top concern for the community
- Multiple economy indicators are trending in a direction that will negatively impact the quality of life for community members
- Children are a population that is highly impacted by poverty indicators

## Secondary Data

From the secondary data scoring results, Economy was identified to be a top need in Wayne County with a score of 1.87. Specific indicators of concern are highlighted in Table 18.

**Table 18. Data Scoring Results for Economy**

Score	Indicator (Year) (Units)	Wayne County	North Carolina	U.S.	North Carolina Counties	U.S. Counties	Trend	Healthy NC 2020	HP 2020
2.3	People Living Below Poverty Level (2012-2016) (percent)	21.8	16.8	15.1				12.5	-
2.4	Children Living Below Poverty Level (2012-2016) (percent)	34.6	23.9	21.2				-	-
2.55	Students Eligible for the Free Lunch Program (2015-2016) (percent)	64.3	52.6	42.6				-	-
2.15	Families Living Below Poverty Level (2012-2016) (percent)	16.1	12.4	11				-	-
2.55	People Living 200% Above Poverty Level (2012-2016) (percent)	54.6	62.3	66.4				-	-
2.1	Per Capita Income (2012-2016) (dollars)	21674	26779	29829				-	-
2.7	Households with Supplemental Security Income (2012-2016)	9.2	5	5.4				-	-

	(percent)						
2.2	Median Household Income (2012-2016) (dollars)	40457	48256	55322			
2.25	Homeownership (2012-2016) (percent)	52.7	55.5	55.9			

\*See Appendix B for full list of indicators included in each topic area

Overall, indicators related to poverty are the highest scoring and of the most concern in Wayne County. Median household income in 2012-2016 was \$40,457 which is lower than the state median household income (\$48,256). Per Capita income has not significantly increased or decreased over time and was \$21,674 in 2012-2016. There is a statistically significant decreasing trend in homeownership over time, with 52.7% homeownership in the county in 2012-2016.

The percent of people living below the poverty level (21.8%), children living below the poverty level (34.6%) and families living below the poverty level (16.1%) is higher than in the state and across the U.S. Wayne County does not meet the Healthy North Carolina 2020 goal for people living below the poverty level (12.5%). Similarly, people living 200% above the poverty level is lower (54.6%) when compared to North Carolina (62.3%) and the U.S. (66.4%), and there is a worrying statistically significant decrease over time.

64.3% of students in Wayne County qualify for the free school lunch program as of 2015-2016 which is higher than the percentages in the state and country overall. There is an increasing trend for the school free school lunch eligibility in the county that is statistically significant over time. In addition, a household with supplemental security income for Wayne County in 2012-2016 was 9.2% and also saw a statistically significant increase over time and is higher in comparison to the state (5%).

### Primary Data

Community survey participants were asked to rank the issue that most negatively impacts their community's quality of life. Both poverty and the economy were the top issues identified in Wayne County that negatively impact quality of life, selected by over 40% of survey participants.

Community survey participants were also asked to weigh-in on areas of community services that needed the most improvement. With the highest share of responses, higher paying employment ranked first (24.6%), availability of employment ranked third (9.6%), and more affordable/better housing ranked fifth (6.4%). When asked to expand on services that could be improved, participants mentioned the need for more economic development in the community, more stable jobs and homelessness.

**"Lack of money, no job, no insurance cause not all jobs provide insurance or affordable insurance, other higher priorities like the light bill and trying to get medications whenever possible takes away from going to the doctor or paying for a gym."**

-Focus Group Participant

Focus group participants also touched on key economic stressors: challenges with being able to afford healthy behaviors or activities, delays in seeking health care due to costs and affordability of housing.

## Highly Impacted Populations

Black or African American, Hispanic or Latino and Other Race/Ethnicities, as well as, young children (<6), children (6-11), adolescents (12-17), young adults (18-24) and older adults (65+) are more likely to be living below the poverty level in Wayne County and are highly impacted populations related to the economy.

## Mortality (Leading Causes of Death)

Knowledge about the leading causes of death in a population is critical to understanding how to target interventions to maximize population health. Table 20 shows the leading causes of mortality in Wayne County, North Carolina, and Health ENC Counties in 2014-2016, where the rate is age-adjusted to the 2000 U.S. standard population and is given as an age-adjusted death rate per 100,000 population.

**Table 20. Leading Causes of Mortality (2014-2016, CDC WONDER)**

Wayne County				North Carolina			Health ENC Counties		
Rank	Cause	Deaths	Rate*	Cause	Deaths	Rate*	Cause	Deaths	Rate*
1	Cancer	790	180.6	Cancer	58,187	165.1	Cancer	12,593	177.5
2	Heart Diseases	708	167.5	Heart Diseases	54,332	159	Heart Diseases	12,171	178.8
3	Cerebrovascular Diseases	265	63.7	Chronic Lower Respiratory Diseases	15,555	45.1	Cerebrovascular Diseases	3,247	48.5
4	Chronic Lower Respiratory Diseases	207	48.5	Accidental Injuries	15,024	48.2	Accidental Injuries	3,136	50.1
5	Accidental Injuries	170	44.5	Cerebrovascular Diseases	14,675	43.6	Chronic Lower Respiratory Diseases	3,098	44.9
6	Diabetes	144	33.4	Alzheimer's Disease	11,202	34.2	Diabetes	2,088	29.9
7	Alzheimer's Disease	136	34	Diabetes	8,244	23.6	Alzheimer's Disease	1,751	27.3
8	Hypertension	75	18.2	Influenza and Pneumonia	5,885	17.5	Influenza and Pneumonia	1,148	17.2
9	Kidney Diseases	75	17.5	Kidney Diseases	5,614	16.5	Kidney Diseases	1,140	16.8
10	Influenza and Pneumonia	56	13	Septicemia	4,500	13.1	Septicemia	1,033	15.1

\*Age-adjusted death rate per 100,000 population

# Other Significant Health Needs

## Access to Health Services

### Secondary Data

From the secondary data scoring results, the Access to Health Services topic had a score of 1.56 and was the 20<sup>th</sup> highest scoring health and quality of life topic. High scoring related indicators include: Persons with Health Insurance (2.13), Adults with Health Insurance (2.08) and Children with Health Insurance (2.03).

A list of all secondary indicators within this topic area is available in Appendix B.

### Primary Data

As previously summarized, the majority of English community survey respondents have health insurance through an employer (62.9%) while most Spanish survey respondents did not have any health insurance (80%).

Participants were asked where they most often go to seek medical treatment, the majority of English community survey respondents sought care at a doctor's office 71%, and 14% sought care at an urgent care center. Spanish survey respondents sought care at the doctor's office (31.3%), the hospital (21.9%) and the department of health (21.9%).

Most survey participants did not report any problems getting the health care they needed in the past 12 months (82.5% English, 77.4% Spanish). For those who reported have difficulties accessing health care services, the most common reported medical services that Spanish respondents reported having issues accessing were urgent care (40%), pharmacy/prescriptions (20%), general doctor (20%) and dentist (20%). The primary reason Spanish respondents shared that prevented them from accessing medical care was a lack of health insurance coverage (57.1%) followed by the cost of the deductible was too high. English Survey respondents reported that they had trouble getting services from a general practitioner (34.7%), Dentist (27.7%), specialist (25.7%) and pharmacy/prescriptions (17.8%). The top reasons English participants reported for not being able to get the necessary health care they needed were insurance did not cover services needed (34.5%), share of their costs were too high (30.5%), did not have health insurance (26.9%), they couldn't get an appointment (23.4%) or the wait was too long (18.3%). Most participants reported being able to see the medical provider they needed within Wayne County (86.1% English, 83.3% Spanish).

**"I don't have any insurance so I have to go to WATCH. It seems like since I've been going there I've been getting better health results than I would do at a regular doctor...we need help with insurance."**

**-Focus Group Participant**

Focus Group participants primarily raised issues they faced with accessing medical care. Participants discussed difficulties scheduling appointments with primary care providers and specialists due to availability or their work schedule. They described challenges with finding specialists within their community and having to travel outside of Wayne County to see the health care provider that they needed. Discussion also focused on groups participants felt faced challenges with accessing medical services which included those who live in more rural areas and African American and Hispanic populations. Several participants shared that they benefitted from and preferred receiving their care through the WATCH program and wished they could

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*“Help with prescriptions such as assistance with diabetes like WATCH. There is a loophole in healthcare system for low income. Many low income people are getting help with insurance but many like me can’t and are in need of help with getting some insurance. I’ve tried to get Medicaid but I didn’t have an illness that qualify, {I’m} not old enough for Medicare and didn’t make enough to get affordable care because I don’t work but I volunteer. There is only one WATCH van and everybody can’t see WATCH.”*

*-Focus Group Participant*

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## Exercise, Nutrition & Weight

### Secondary Data

From the secondary data scoring results, the Exercise, Nutrition & Weight topic had a score of 1.82 and was the 9<sup>th</sup> highest scoring health and quality of life topic. High scoring related indicators include: Adults 20+ who are Obese (2.65), Adults 20+ who are Sedentary (2.30), Access to Exercise Opportunities (2.25), Workers who Walk to Work (2.25) and Food Environment Index (2.00).

A list of all secondary indicators within this topic area is available in Appendix B.

### Primary Data

Among community survey respondents, the highest percentage rated their health as good (44.2% English Survey, 41.4% Spanish) and slightly less than a third rated their health as very good (31.6% English, 31% Spanish). 45.7% of English survey respondents reported being told by a health professional that they were overweight and/or obese while only 14.8% of Spanish respondents had been told the same. A smaller proportion of Spanish respondents reported being told that they have Diabetes than the English respondents (11.1%, Spanish, 15.6% English).

Data from community survey showed that respondents to the Spanish survey reported more frequently that they did not engage in any physical activity or exercise during the week than the English respondents (38.7% English, 62.1% Spanish). Among individuals that do not exercise, Spanish respondents reported that their job is physical work (41.2%), not having enough time (31.4%) and not having childcare (17.7%) as the primary reasons for not exercising regularly. English respondents reported that they did not exercise because they did not have time (43.9%), they were too tired (39.5%) or they did not like to exercise (23.9%).

For those individuals that do exercise, 64.1% reported exercising or engaging in physical activity at home while 23% do so at a private gym followed by the YMCA (14.7%) or park (18.4%) (*English Responses included only*).

Exercise, Nutrition & Weight was discussed in all three focus groups. Participants shared their concerns for obesity amongst both young people and adults in the community. There was much discussion regarding challenges with accessing grocery stores and healthy foods. One participant shared that given the rural nature of the community more could be done to connect the community with local produce. There were also concerns with the food served at schools for young children and described the need to intervene early with influencing healthy eating habits. Staying physically active in the community was the greatest challenge for those who could not afford to join local exercise facilities. Participants shared that



they struggled with not knowing how to eat healthy or what to select as healthy food choices when eating away from home. To emphasize this point, when community members were asked about specific topic areas they were interested in learning more about in the community survey, weight-loss, nutrition, and diabetes/diabetic food preparation were high-frequency responses.

## Substance Abuse

### Secondary Data

From the secondary data scoring results, the Substance Abuse topic was the 25<sup>th</sup> ranked health and quality of life need in Wayne County with a score of 1.45. Top related indicators include: Adults who Smoke (2.40) and Alcohol-Impaired Driving Deaths (2.00).

### Primary Data

Community survey participants ranked substance abuse (22.4%) as the second most important issue affecting quality of life in Wayne County. Additionally, 21.6% of English survey respondents reported wanting to learn more about substance abuse prevention.

13.9% of English survey participants reported currently using tobacco products while no Spanish respondents reported any use. Of those who reported tobacco product use, most people reported that they would not know where to go for help if they wanted to quit, followed by going to a doctor.

**“Get a program to let these kids learn about health. Something that is consistent. You have a lot of kids starting drugs early.”**

**-Focus Group Participant**

Spanish and English survey participants reported having been exposed to secondhand smoke in the last year (41.7% Spanish, 47.7% English). Of those who indicated that they had been exposed to secondhand smoke, 41.7% of Spanish respondents were exposed in ‘other’ locations than those listed but did not provide additional information. English participants ranked home as the mostly likely place to be exposed to secondhand smoke (36.2%) followed closely by ‘other’ locations (31.9%). When examining the ‘other’ open-ended responses, most people listed outdoor events and venues as locations.

More than two-thirds of participants across both surveys reported zero incidences of having had 4/5 or more drinks on occasion in the past 30 days. Reported illicit drug use amongst survey participants in the past 30-days was very low, the vast majority reporting no illegal drug use (96.3%, English, 96.8% Spanish). Of those who reported any illegal drug use (<5%) in the past 30 days, 85% reported marijuana use and 12.5% reported cocaine use. 96.7% of Spanish respondents and 97.6% of English respondents reported no use of prescription drugs they did not have a prescription for.

Focus group discussions did not focus heavily on substance abuse. However, participants specifically raised tobacco use, alcoholism, and opioids as substance use related issues in their community. Groups that participants believe are adversely impacted by substance use in their community are those who are homeless, individuals who have been recently released from prison and young adults.

# A Closer Look at Highly Impacted Populations

This section focuses on subpopulations identified across data sources due to their unique needs and require additional examination.

## Children's Health

Children's health ranks as a top need in Wayne County as determined by the secondary data scoring results; however, this should be interpreted with carefulness as a limited number of indicators (4) are contributing to its topic score of 2.03. Childhood cancer is of particular concern as is child food insecurity. The childhood cancer incidence in 2010-2014 for Wayne County is 20.5 deaths/100,000 population 0-19, which is higher than the state value and national value. In Wayne County, 24.1% of children are considered food insecure (2016), which is also higher than the state and national value.

## Disparities by Age, Gender and Race/Ethnicity

Secondary data are further assessed to determine health disparities for race/ethnic, age, or gender groups. Table 21 identifies indicators in which a specific population subgroup differs significantly and negatively from the overall population in Wayne County, with significance determined by non-overlapping confidence intervals.

**Table 21. Indicators with Significant Race/Ethnic, Age, or Gender Disparities**

Health Indicator	Group(s) Disparately Affected*
Adults with Health Insurance	Hispanic or Latino
All Cancer Incidence Rate	Male
Bladder Cancer Incidence Rate	Male
Children Living Below Poverty Level	Black or African American, Hispanic or Latino, Other
Families Living Below Poverty Level	Black or African American, Hispanic or Latino, Other
Lung and Bronchus Cancer Incidence Rate	Male
Median Household Income	Black or African American, Hispanic or Latino, Other
People 25+ with a Bachelor's Degree or Higher	Black or African American, Other
People 25+ with a High School Degree or Higher	Other
People 65+ Living Below Poverty Level	Black or African American, Two or More Races
People Living Below Poverty Level	12-17, 18-24, 6-11, <6, Black or African American, Hispanic or Latino, Other
Per Capita Income	Black or African American, Hispanic or Latino, Other, Two or More Races

Prostate Cancer Incidence Rate	Black
Workers Commuting by Public Transportation	Hispanic or Latino, White, non-Hispanic
Workers who Drive Alone to Work	60-64, Native Hawaiian or Other Pacific Islander, White, non-Hispanic
Young Children Living Below Poverty Level	Hispanic or Latino, Other

\*See [HealthENC.org](https://www.healthenc.org) for indicator values for population subgroups

From Table , population subgroups face the most disparity in economic and education related areas. Hispanic or Latino, Black or African American, Other and Two or More Races groups are most often and drastically affected in these topic areas. Additionally, the male population is impacted by cancer more than other groups and the adult Hispanic or Latino population is impacted by their lack of access to health insurance coverage.

The list of indicators with significant disparities should be interpreted with caution. Indicators beyond those displayed in Table may also negatively impact a specific subgroup; however, not all data sources provide subpopulation data, so it is not possible to draw conclusions about every indicator used in the secondary data analysis.

## Geographic Disparities

Geographic disparities are identified using the SocioNeeds Index®. Zip code 28578 with an index value of 94.3 has the highest socioeconomic need within Wayne County, potentially indicating poorer health outcomes for its residents. See the [SocioNeeds Index®](#) for more details, including a map of Wayne County zip codes and index values.

## Conclusion

The Community Health Needs Assessment utilized a comprehensive set of secondary data indicators measuring the health and quality of life needs for Wayne County. The assessment was further informed with input from Wayne County residents through a community survey and focus group discussions that included participants from broad interests of the community. The data synthesis process identified eight significant health needs: Access to Health Services, Diabetes, Economy, Occupational & Environmental Health, Exercise, Nutrition & Weight, Public Safety, Respiratory Diseases, and Substance Misuse. The prioritization process identified 3 main and 2 secondary focus areas: (1) Access to Health Services (2) Diabetes (3) Occupational & Environmental Health (4) Substance Misuse and (5) Child Health. Following this process, Wayne County will outline how it plans to address these health needs in its implementation plan with a completion date of September 2019.

We hope to incorporate any feedback on this report into the next CHNA process. Please send your feedback and comments to [\*\*WCHD.Feedback@waynegov.com\*\*](mailto:WCHD.Feedback@waynegov.com).



## Appendix A. Impact Since Prior CHNA

Significant Health Need Identified in Preceding CHNA	Planned Activities to Address Health Needs Identified in Preceding Implementation Strategy	Was Activity Implemented (Yes/No)	Results, Impact & Data Sources
Access to Health care	Increase recruitment of primary care providers to our community	Yes	Through hiring & recruitment of providers under the Wayne UNC Health Care System umbrella
Health Conditions	Worksite Wellness	Yes	<p>Through the Healthy Wayne Task Force, several worksite wellness programs were initiated throughout the county. One of the sites, Wayne County Health Department completed the CDC Scorecard and received technical assistance to provide filtered water stations for staff and a on-site exercise room.</p> <p>Wayne County Government through a partnership with Wayne UNC contracted a registered nurse to serve as the wellness coordinator for all county employees. The county's wellness nurse provides health assessments, weight loss and other health related classes and prevention sessions for staff.</p>
	Physical Activity	Yes	Weekly Go-Wayne Go walks were conducted for 3 years on to promote walking at the various trail sites across the county. The walks are done in groups
	Healthy Eating	Yes	Cooperative Extension and Wayne County Health Department have been very consistent in providing health and nutrition classes within the community. A few of those community-based sessions were: Faithful Families, Eat Smart Move More, Eat Smart Cooking School, Color Me Healthy, Med instead of Meds, Farmers Market Demo
	Diabetes Prevention	Yes	Starting in 2017, 2-3 diabetes prevention classes were annually through the Goldsboro Family YMCA and Wayne County Health Department. The goals of the diabetes prevention classes are a 5-7% weight loss and 150 minutes of physical activity.



# Appendix B. Secondary Data Scoring

## Overview

Data scoring consists of three stages, which are summarized in Figure 46:

### Comparison Score

For each indicator, Wayne County is assigned up to 7 comparison scores based on its comparison to other communities, whether health targets have been met, and the trend of the indicator value over time. Comparison scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 46).

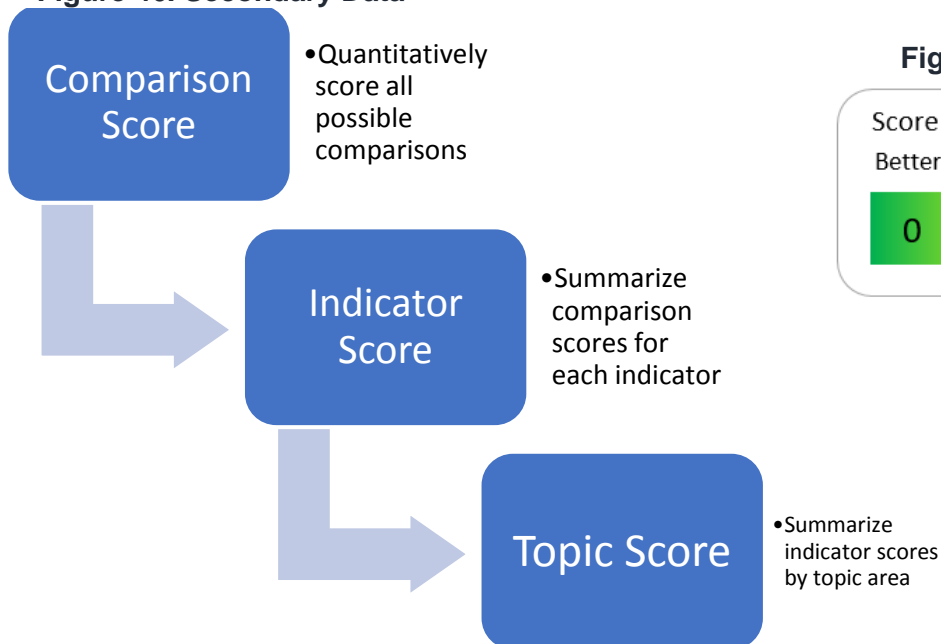
### Indicator Score

Indicator scores are calculated as a weighted average of comparison scores. Indicator scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47).

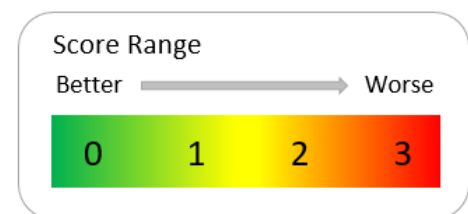
### Topic Score

Indicators are then categorized into topic areas. Topic scores are calculated by averaging all relevant indicator scores, with indicators equally weighted. Topic scores range from 0-3, where 0 indicates the best outcome and 3 indicates the worst outcome (Figure 47). Indicators may be categorized into more than one topic area.

**Figure 46. Secondary Data**



**Figure 47. Score Range**



## Comparison Scores

Up to 7 comparison scores were used to assess the status of Wayne County. The possible comparisons are shown in Figure 48 and include a comparison of Wayne County to North Carolina counties, all U.S. counties, the North Carolina state value, the U.S. value, Healthy People 2020 targets, Healthy North Carolina 2020 targets, and the trend over time. Availability of each type of comparison varies by indicator and is dependent upon the data source, comparability with data collected for other communities, and changes in methodology over time. The determination of comparison scores for each type of comparison is discussed in more detail below.

**Figure 48. Comparisons used in Secondary Data Scoring**



### Comparison to a Distribution of North Carolina Counties and U.S. Counties

For ease of interpretation and analysis, indicator data on [HealthENC.org](https://www.healthenc.org) is visually represented as a green-yellow-red gauge showing how Wayne County is faring against a distribution of counties in North Carolina or the U.S. (Figure 49).

**Figure 49. Compare to Distribution Indicator Gauge**



A distribution is created by taking all county values within the state or nation, ordering them from low to high, and dividing them into four equally sized groups based on their order (Figure 50). The comparison score is determined by how Wayne County falls within these four groups or quartiles.

**Figure 50. Distribution of County Values**



### Comparison to North Carolina Value and U.S. Value

As shown in Figure 51, the diamond represents how Wayne County compares to the North Carolina state value and the national value. When comparing to a single value, the comparison score is determined by how much better or worse the county value is relative to the comparison value.

**Figure 51. Comparison to Single Value**



## Comparison to Healthy People 2020 and Healthy North Carolina 2020

### Targets

As shown in Figure 52, the circle represents how Wayne County compares to a target value. Two target values are taken into consideration for this analysis: Healthy People 2020 and Healthy North Carolina 2020. Healthy People 2020<sup>2</sup> goals are national objectives for improving the health of the nation set by the Department of Health and Human Services' (DHHS) Healthy People Initiative. Healthy North Carolina 2020<sup>3</sup> objectives provide a common set of health indicators that the state can work to improve. The North Carolina Institute of Medicine, in collaboration with the Governor's Task Force for Healthy Carolinians; the Division of Public Health, North Carolina Department of Health and Human Services (NC DHHS); the Office of Healthy Carolinians and Health Education, NC DHHS; and the State Center for Health Statistics, NC DHHS, helped lead the development of the Healthy NC 2020 objectives. When comparing to a target, the comparison score is determined by whether the target is met or unmet, and the percent difference between the indicator value and the target value.

**Figure 52.**  
Comparison to  
Target Value



### Trend Over Time

As shown in Figure 53, the square represents the measured trend. The Mann-Kendall statistical test for trend is used to assess whether the value for Wayne County is increasing or decreasing over time and whether the trend is statistically significant. The trend comparison uses the four most recent comparable values for the county, and statistical significance is determined at the 90% confidence level. For each indicator with values available for four time periods, a comparison score is determined by the trend's direction and its statistical significance.

**Figure 53. Trend Over Time**



### Missing Values

Indicator scores are calculated using the comparison scores, availability of which depends on the data source. If an indicator does not have data for a specific comparison type that is included for indicator score calculations, the missing comparison is substituted with a neutral score. When information is unknown due to lack of comparable data, the neutral value assumes that the missing comparison score is neither good nor bad and does not impact the indicator's weighted average.

## Indicator Scoring

Indicator scores are calculated as a weighted average of all included comparison scores. If none of the included comparison types are possible for an indicator, no score is calculated, and the indicator is excluded from the data scoring results.

## Topic Scoring

Indicator scores are averaged by topic area to calculate topic scores. Each indicator may be included in up to three topic areas if appropriate. Resulting scores range from 0-3, where a higher score indicates a

<sup>2</sup> For more information on Healthy People 2020, see <https://www.healthypeople.gov/>

<sup>3</sup> For more Information on Healthy North Carolina 2020, see: <https://publichealth.nc.gov/hnc2020/>

greater level of need as evidenced by the data. A topic score is only calculated if it includes at least three indicators.

## **Age, Gender and Race/Ethnicity Disparities**

When a given indicator has data available for population subgroups – such as age, gender and race/ethnicity – and values for these subgroups include confidence intervals, we are able to determine if there is a significant difference between the subgroup's value and the overall value. A significant difference is defined as two values with non-overlapping confidence intervals. Confidence intervals are not available for all indicators. In these cases, disparities cannot be determined because there is not enough data to conclude whether two values are significantly different from each other.

## Topic Scoring Table

Table 22 shows the Topic Scores for Wayne County, with higher scores indicating a higher need.

**Table 22. Topic Scores for Wayne County**

<b>Health and Quality of Life Topics</b>	<b>Score</b>
Children's Health	<b>2.03</b>
Public Safety	<b>2.02</b>
Environmental & Occupational Health	<b>1.96</b>
Diabetes	<b>1.96</b>
Respiratory Diseases	<b>1.92</b>
Wellness & Lifestyle	<b>1.90</b>
Economy	<b>1.87</b>
Social Environment	<b>1.83</b>
Exercise, Nutrition, & Weight	<b>1.82</b>
Mental Health & Mental Disorders	<b>1.81</b>
Other Chronic Diseases	<b>1.75</b>
Education	<b>1.75</b>
Immunizations & Infectious Diseases	<b>1.71</b>
Cancer	<b>1.71</b>
Mortality Data	<b>1.70</b>
Older Adults & Aging	<b>1.70</b>
Maternal, Fetal & Infant Health	<b>1.63</b>
Men's Health	<b>1.62</b>
Women's Health	<b>1.59</b>
Transportation	<b>1.57</b>
Access to Health Services	<b>1.56</b>
County Health Rankings	<b>1.56</b>
Heart Disease & Stroke	<b>1.50</b>
Environment	<b>1.49</b>
Substance Abuse	<b>1.45</b>
Prevention & Safety	<b>1.38</b>



## Indicator Scoring Table

Table 23 (spanning multiple pages) presents the indicator data used in the quantitative data analysis. Indicators are grouped into topic areas and sorted by indicator score, with higher scores indicating a higher need. Wayne County values are displayed alongside various comparison values and the period of measurement. Additional data can be found on [HealthENC.org](http://HealthENC.org).

**Table 23. Indicator Scores by Topic Area**

SCORE	ACCESS TO HEALTH SERVICES	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.13	Persons with Health Insurance	2016	percent	85.3	87.8		100.0	92.0		19
2.08	Adults with Health Insurance	2016	percent	78.7	84.9	88.0	100.0		Hispanic or Latino	1
2.03	Children with Health Insurance	2016	percent	93.1	95.5	95.5	100.0			1
1.90	Mental Health Provider Rate	2017	providers/ 100,000 population	174.8	215.5	214.3				5
1.90	Primary Care Provider Rate	2015	providers/ 100,000 population	49.1	70.6	75.5				5
1.50	Dentist Rate	2016	dentists/ 100,000 population	49.1	54.7	67.4				5
1.43	Clinical Care Ranking	2018	ranking	43						5
0.75	Non-Physician Primary Care Provider Rate	2017	providers/ 100,000 population	94.2	102.5	81.2				5
0.30	Preventable Hospital Stays: Medicare Population	2014	discharges/ 1,000 Medicare enrollees	41.0	49.0	49.9				20

SCORE	CANCER	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.48	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	20.5	16.0	17.6				8
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	16.6	14.1	14.8	14.5	10.1		8
2.40	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	58.8	50.7	44.7	45.5			8
2.40	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	78.0	70.0	61.2			Male	8
2.30	Colorectal Cancer Incidence Rate	2010-2014	cases/ 100,000 population	45.3	37.7	39.8	39.9			8
2.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.9	21.6	21.2	20.7			8
1.95	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	188.3	172.0	166.1	161.4			8

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.95	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	137.2	125.0	114.8		Black	8
1.90	All Cancer Incidence Rate	2010-2014	cases/ 100,000 population	470.3	457.0	443.6		Male	8
1.88	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	2.7	2.6	2.5	2.3		8
1.75	Cancer: Medicare Population	2015	percent	7.8	7.7	7.8			4
1.65	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	123.2	129.4	123.5			8
1.60	Mammography Screening: Medicare Population	2014	percent	64.4	67.9	63.1			20
1.55	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.0	10.8	10.9			8
1.45	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	11.3	10.9	11.4			8
1.30	Liver and Bile Duct Cancer Incidence Rate	2010-2014	cases/ 100,000 population	7.2	7.7	7.8			8
1.15	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	21.1	21.6	20.1	21.8		8
1.15	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11.2	12.2	11.5			8
1.13	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	7.2	7.2	7.5	7.3		8
0.90	Pancreatic Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11.7	12.0	12.5			8
0.50	Bladder Cancer Incidence Rate	2010-2014	cases/ 100,000 population	15.7	20.1	20.5		Male	8

SCORE	CHILDREN'S HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.48	Childhood Cancer Incidence Rate	2010-2014	cases/ 100,000 population 0-19	20.5	16.0	17.6				8
2.03	Children with Health Insurance	2016	percent	93.1	95.5	95.5	100.0			1
1.95	Child Food Insecurity Rate	2016	percent	24.1	20.9	17.9				6
1.65	Children with Low Access to a Grocery Store	2015	percent	4.6						23

SCORE	COUNTY HEALTH RANKINGS	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.73	Health Behaviors Ranking	2018	ranking	87						5
1.58	Morbidity Ranking	2018	ranking	56						5
1.58	Mortality Ranking	2018	ranking	57						5

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.58	Social and Economic Factors Ranking	2018	ranking	67						5
1.43	Clinical Care Ranking	2018	ranking	43						5
1.43	Physical Environment Ranking	2018	ranking	38						5

SCORE	DIABETES	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Adults 20+ with Diabetes	2014	percent	14.0	11.1	10.0				5
2.35	Diabetes: Medicare Population	2015	percent	32.6	28.4	26.5				4
1.88	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	30.7	23.0	21.1				18
1.10	Diabetic Monitoring: Medicare Population	2014	percent	88.7	88.8	85.2				20

SCORE	DISABILITIES	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Households with Supplemental Security Income	2012-2016	percent	9.2	5.0	5.4				1
1.58	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	29.8	29.0	27.6				1

SCORE	ECONOMY	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Households with Supplemental Security Income	2012-2016	percent	9.2	5.0	5.4				1
2.55	People Living 200% Above Poverty Level	2012-2016	percent	54.6	62.3	66.4				1
2.55	Students Eligible for the Free Lunch Program	2015-2016	percent	64.3	52.6	42.6				9
2.40	Children Living Below Poverty Level	2012-2016	percent	34.6	23.9	21.2			Black or African American, Hispanic or Latino, Other	1
2.30	People Living Below Poverty Level	2012-2016	percent	21.8	16.8	15.1		12.5	<6, 6-11, 12-17, 18-24, Black or African American, Hispanic or Latino, Other	1

\*High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

2.25	Homeownership	2012-2016	percent	52.7	55.5	55.9		1
2.25	Total Employment Change	2014-2015	percent	-0.8	3.1	2.5		22
2.20	Median Household Income	2012-2016	dollars	40457	48256	55322	Black or African American, Hispanic or Latino, Other	1
2.15	Families Living Below Poverty Level	2012-2016	percent	16.1	12.4	11.0	Black or African American, Hispanic or Latino, Other	1
2.10	Per Capita Income	2012-2016	dollars	21674	26779	29829	Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.95	Child Food Insecurity Rate	2016	percent	24.1	20.9	17.9		6
1.95	Food Insecurity Rate	2016	percent	18.4	15.4	12.9		6
1.95	Population 16+ in Civilian Labor Force	2012-2016	percent	58.1	61.5	63.1		1
1.95	Young Children Living Below Poverty Level	2012-2016	percent	39.4	27.3	23.6	Hispanic or Latino, Other	1
1.93	Median Housing Unit Value	2012-2016	dollars	114200	157100	184700		1
1.80	Female Population 16+ in Civilian Labor Force	2012-2016	percent	55.1	57.4	58.3		1
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	8.6				23
1.80	Severe Housing Problems	2010-2014	percent	16.6	16.6	18.8		5
1.80	Unemployed Workers in Civilian Labor Force	April 2018	percent	4.2	3.7	3.7		21
1.70	Renters Spending 30% or More of Household Income on Rent	2012-2016	percent	45.2	49.4	47.3	36.1	1
1.58	Persons with Disability Living in Poverty (5-year)	2012-2016	percent	29.8	29.0	27.6		1
1.58	Social and Economic Factors Ranking	2018	ranking	67				5
1.55	People 65+ Living Below Poverty Level	2012-2016	percent	10.1	9.7	9.3	Black or African American, Two or More Races	1

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	379	376	462				1
1.43	Median Household Gross Rent	2012-2016	dollars	727	816	949				1
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.1						23
0.88	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1078	1243	1491				1
0.50	Households with Cash Public Assistance Income	2012-2016	percent	1.3	1.9	2.7				1

SCORE	EDUCATION	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	4th Grade Students Proficient in Math	2016-2017	percent	44.3	58.6					14
1.95	4th Grade Students Proficient in Reading	2016-2017	percent	47.0	57.7					14
1.90	8th Grade Students Proficient in Reading	2016-2017	percent	46.1	53.7					14
1.75	High School Graduation	2016-2017	percent	84.3	86.5		87.0	94.6		14
1.70	8th Grade Students Proficient in Math	2016-2017	percent	40.1	45.8					14
1.65	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	18.7	29.0	30.3			65+, Black or African American, Other	1
1.60	Student-to-Teacher Ratio	2015-2016	students/ teacher	15.8	15.6	17.7				9
1.50	People 25+ with a High School Degree or Higher	2012-2016	percent	83.0	86.3	87.0			65+, Other	1

SCORE	ENVIRONMENT	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Access to Exercise Opportunities	2018	percent	51.4	76.1	83.1				5
2.00	Food Environment Index	2018		6.5	6.4	7.7				5
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.01						23
1.80	Low-Income and Low Access to a Grocery Store	2015	percent	8.6						23
1.80	Severe Housing Problems	2010-2014	percent	16.6	16.6	18.8				5
1.65	Children with Low Access to a Grocery Store	2015	percent	4.6						23
1.65	Households with No Car and Low Access to a Grocery Store	2015	percent	3.8						23

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.



1.60	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.6						23
1.60	Recognized Carcinogens Released into Air	2016	pounds	8432						24
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.5						23
1.43	Physical Environment Ranking	2018	ranking	38						5
1.40	PBT Released	2016	pounds	105						24
1.35	Grocery Store Density	2014	stores/ 1,000 population	0.2						23
1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.09						23
1.28	Annual Particle Pollution	2013-2015		A						2
1.28	Drinking Water Violations	FY 2013-14	percent	3.0	4.0			5.0		5
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.1						23
0.75	Liquor Store Density	2015	stores/ 100,000 population	4.0	5.8	10.5				22
0.65	Houses Built Prior to 1950	2012-2016	percent	8.4	9.1	18.2				1

SCORE	ENVIRONMENTAL & OCCUPATIONAL HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Asthma: Medicare Population	2015	percent	9.7	8.4	8.2				4
1.95	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	144.6	90.9					11
1.43	Physical Environment Ranking	2018	ranking	38						5

SCORE	EXERCISE, NUTRITION, & WEIGHT	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.65	Adults 20+ who are Obese	2014	percent	38.2	29.6	28.0	30.5			5
2.30	Adults 20+ who are Sedentary	2014	percent	30.2	24.3	23.0	32.6			5
2.25	Access to Exercise Opportunities	2018	percent	51.4	76.1	83.1				5
2.25	Workers who Walk to Work	2012-2016	percent	1.4	1.8	2.8	3.1			1
2.00	Food Environment Index	2018		6.5	6.4	7.7				5
1.95	Child Food Insecurity Rate	2016	percent	24.1	20.9	17.9				6
1.95	Food Insecurity Rate	2016	percent	18.4	15.4	12.9				6
1.80	Farmers Market Density	2016	markets/ 1,000 population	0.01						23

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.80	Low-Income and Low Access to a Grocery Store	2015	percent	8.6						23
1.73	Health Behaviors Ranking	2018	ranking	87						5
1.65	Children with Low Access to a Grocery Store	2015	percent	4.6						23
1.65	Households with No Car and Low Access to a Grocery Store	2015	percent	3.8						23
1.60	Fast Food Restaurant Density	2014	restaurants/ 1,000 population	0.6						23
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.5						23
1.35	Grocery Store Density	2014	stores/ 1,000 population	0.2						23
1.35	Recreation and Fitness Facilities	2014	facilities/ 1,000 population	0.09						23
1.10	SNAP Certified Stores	2016	stores/ 1,000 population	1.1						23

SCORE	FAMILY PLANNING	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	19.7	15.7		36.2			18

SCORE	GOVERNMENT & POLITICS	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.90	Voter Turnout: Presidential Election	2016	percent	64.6	67.7					16

SCORE	HEART DISEASE & STROKE	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.63	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	56.2	43.1	36.9	34.8			18
2.20	Hypertension: Medicare Population	2015	percent	62.2	58.0	55.0				4
1.75	Hyperlipidemia: Medicare Population	2015	percent	46.7	46.3	44.6				4
1.40	Heart Failure: Medicare Population	2015	percent	13.3	12.5	13.5				4
1.25	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	166.9	161.3			161.5		18
1.15	Stroke: Medicare Population	2015	percent	3.5	3.9	4.0				4
0.90	Atrial Fibrillation: Medicare Population	2015	percent	6.5	7.7	8.1				4

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.75	Ischemic Heart Disease: Medicare Population	2015	percent	23.2	24.0	26.5				4
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SCORE	IMMUNIZATIONS & INFECTIOUS DISEASES	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.48	Gonorrhea Incidence Rate	2016	cases/ 100,000 population	337.5	194.4	145.8				12
2.20	Syphilis Incidence Rate	2016	cases/ 100,000 population	10.5	10.8	8.7				10
2.18	Chlamydia Incidence Rate	2016	cases/ 100,000 population	668.5	572.4	497.3				12
1.85	AIDS Diagnosis Rate	2016	cases/ 100,000 population	10.7	7.0					12
1.63	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	2.4	2.0	3.0	1.0			12
1.58	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	2.6	2.2	2.0	3.3			18
1.10	HIV Diagnosis Rate	2014-2016	cases/ 100,000 population	12.7	16.1			22.2		12
0.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	13.3	17.8	14.8		13.5		18

SCORE	MATERNAL, FETAL & INFANT HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.93	Infant Mortality Rate	2011-2015	deaths/ 1,000 live births	7.6	7.2	6.0	6.0	6.3		18
1.83	Babies with Very Low Birth Weight	2012-2016	percent	1.7	1.7	1.4	1.4			17
1.58	Babies with Low Birth Weight	2012-2016	percent	8.4	9.0	8.1	7.8			17
1.48	Preterm Births	2016	percent	10.3	10.4	9.8	9.4			17
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	19.7	15.7		36.2			18

SCORE	MEN'S HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.95	Prostate Cancer Incidence Rate	2010-2014	cases/ 100,000 males	137.2	125.0	114.8			Black	8
1.75	Life Expectancy for Males	2014	years	74.0	75.4	76.7		79.5		7
1.15	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	21.1	21.6	20.1	21.8			8

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

SCORE	MENTAL HEALTH & MENTAL DISORDERS	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.7	9.8	9.9				4
2.10	Depression: Medicare Population	2015	percent	17.9	17.5	16.7				4
2.10	Poor Mental Health: Average Number of Days	2016	days	4.3	3.9	3.8		2.8		5
1.90	Mental Health Provider Rate	2017	providers/ 100,000 population	174.8	215.5	214.3				5
1.58	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	29.8	31.9	26.6				18
1.50	Frequent Mental Distress	2016	percent	13.5	12.3	15.0				5
1.08	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	11.0	12.9	13.0	10.2	8.3		18

SCORE	MORTALITY DATA	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.63	Age-Adjusted Death Rate due to Cerebrovascular Disease (Stroke)	2012-2016	deaths/ 100,000 population	56.2	43.1	36.9	34.8			18
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	10.5	6.2	5.5	5.5	6.7		18
2.40	Age-Adjusted Death Rate due to Colorectal Cancer	2010-2014	deaths/ 100,000 population	16.6	14.1	14.8	14.5	10.1		8
2.40	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	58.8	50.7	44.7	45.5			8
2.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.9	21.6	21.2	20.7			8
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.7	12.7	11.0	9.3			3
2.00	Alcohol-Impaired Driving Deaths	2012-2016	percent	32.7	31.4	29.3		4.7		5
2.00	Premature Death	2014-2016	years/ 100,000 population	8301.3	7281.1	6658.1				5
1.95	Age-Adjusted Death Rate due to Cancer	2010-2014	deaths/ 100,000 population	188.3	172.0	166.1	161.4			8
1.93	Infant Mortality Rate	2011-2015	deaths/ 1,000 live births	7.6	7.2	6.0	6.0	6.3		18
1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	17.4	14.1					18
1.88	Age-Adjusted Death Rate due to Diabetes	2012-2016	deaths/ 100,000 population	30.7	23.0	21.1				18
1.88	Age-Adjusted Death Rate due to Oral Cancer	2010-2014	deaths/ 100,000 population	2.7	2.6	2.5	2.3			8
1.58	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	29.8	31.9	26.6				18

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.58	Age-Adjusted Death Rate due to HIV	2012-2016	deaths/ 100,000 population	2.6	2.2	2.0	3.3		18
1.58	Mortality Ranking	2018	ranking	57					5
1.55	Age-Adjusted Death Rate due to Pancreatic Cancer	2010-2014	deaths/ 100,000 population	11.0	10.8	10.9			8
1.25	Age-Adjusted Death Rate due to Heart Disease	2012-2016	deaths/ 100,000 population	166.9	161.3			161.5	18
1.15	Age-Adjusted Death Rate due to Prostate Cancer	2010-2014	deaths/ 100,000 males	21.1	21.6	20.1	21.8		8
1.08	Age-Adjusted Death Rate due to Suicide	2012-2016	deaths/ 100,000 population	11.0	12.9	13.0	10.2	8.3	18
0.90	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	11.8	16.2	16.9			5
0.85	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	11.7	15.1	15.4		9.9	3
0.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	13.3	17.8	14.8		13.5	18
0.68	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	26.3	31.9	41.4	36.4		18

SCORE	OLDER ADULTS & AGING	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	23.0	19.0	18.1				4
2.50	Asthma: Medicare Population	2015	percent	9.7	8.4	8.2				4
2.40	Alzheimer's Disease or Dementia: Medicare Population	2015	percent	10.7	9.8	9.9				4
2.35	Diabetes: Medicare Population	2015	percent	32.6	28.4	26.5				4
2.20	Hypertension: Medicare Population	2015	percent	62.2	58.0	55.0				4
2.10	Depression: Medicare Population	2015	percent	17.9	17.5	16.7				4
1.90	COPD: Medicare Population	2015	percent	12.8	11.9	11.2				4
1.90	People 65+ Living Alone	2012-2016	percent	28.7	26.8	26.4				1
1.75	Cancer: Medicare Population	2015	percent	7.8	7.7	7.8				4
1.75	Hyperlipidemia: Medicare Population	2015	percent	46.7	46.3	44.6				4
1.60	Mammography Screening: Medicare Population	2014	percent	64.4	67.9	63.1				20
1.58	Age-Adjusted Death Rate due to Alzheimer's Disease	2012-2016	deaths/ 100,000 population	29.8	31.9	26.6				18
1.55	People 65+ Living Below Poverty Level	2012-2016	percent	10.1	9.7	9.3			Black or African American,	1

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.



									Two or More Races	
1.50	People 65+ with Low Access to a Grocery Store	2015	percent	2.5						23
1.40	Heart Failure: Medicare Population	2015	percent	13.3	12.5	13.5				4
1.40	Osteoporosis: Medicare Population	2015	percent	5.4	5.4	6.0				4
1.15	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.3	29.1	30.0				4
1.15	Stroke: Medicare Population	2015	percent	3.5	3.9	4.0				4
1.10	Diabetic Monitoring: Medicare Population	2014	percent	88.7	88.8	85.2				20
0.90	Atrial Fibrillation: Medicare Population	2015	percent	6.5	7.7	8.1				4
0.75	Ischemic Heart Disease: Medicare Population	2015	percent	23.2	24.0	26.5				4

SCORE	ORAL HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.50	Dentist Rate	2016	dentists/ 100,000 population	49.1	54.7	67.4				5
1.15	Oral Cavity and Pharynx Cancer Incidence Rate	2010-2014	cases/ 100,000 population	11.2	12.2	11.5				8

SCORE	OTHER CHRONIC DISEASES	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.70	Chronic Kidney Disease: Medicare Population	2015	percent	23.0	19.0	18.1				4
1.40	Osteoporosis: Medicare Population	2015	percent	5.4	5.4	6.0				4
1.15	Rheumatoid Arthritis or Osteoarthritis: Medicare Population	2015	percent	27.3	29.1	30.0				4

SCORE	PREVENTION & SAFETY	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.7	12.7	11.0	9.3			3
1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	17.4	14.1					18
1.80	Severe Housing Problems	2010-2014	percent	16.6	16.6	18.8				5
1.40	Domestic Violence Deaths	2016	deaths	0						15

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

0.90	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	11.8	16.2	16.9				5
0.85	Age-Adjusted Death Rate due to Unintentional Poisonings	2014-2016	deaths/ 100,000 population	11.7	15.1	15.4		9.9		3
0.68	Age-Adjusted Death Rate due to Unintentional Injuries	2012-2016	deaths/ 100,000 population	26.3	31.9	41.4	36.4			18

SCORE	PUBLIC SAFETY	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.58	Age-Adjusted Death Rate due to Homicide	2012-2016	deaths/ 100,000 population	10.5	6.2	5.5	5.5	6.7		18
2.28	Violent Crime Rate	2016	crimes/ 100,000 population	442.0	374.9	386.3				13
2.15	Age-Adjusted Death Rate due to Firearms	2014-2016	deaths/ 100,000 population	15.7	12.7	11.0	9.3			3
2.00	Alcohol-Impaired Driving Deaths	2012-2016	percent	32.7	31.4	29.3		4.7		5
1.90	Age-Adjusted Death Rate due to Motor Vehicle Collisions	2012-2016	deaths/ 100,000 population	17.4	14.1					18
1.85	Property Crime Rate	2016	crimes/ 100,000 population	3124.9	2779.7					13
1.40	Domestic Violence Deaths	2016	deaths	0						15

SCORE	RESPIRATORY DISEASES	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.50	Asthma: Medicare Population	2015	percent	9.7	8.4	8.2				4
2.40	Age-Adjusted Death Rate due to Lung Cancer	2010-2014	deaths/ 100,000 population	58.8	50.7	44.7	45.5			8
2.40	Lung and Bronchus Cancer Incidence Rate	2010-2014	cases/ 100,000 population	78.0	70.0	61.2			Male	8
1.95	Age-Adjusted Hospitalization Rate due to Asthma	2014	hospitalizations/ 10,000 population	144.6	90.9					11
1.90	COPD: Medicare Population	2015	percent	12.8	11.9	11.2				4
1.63	Tuberculosis Incidence Rate	2014	cases/ 100,000 population	2.4	2.0	3.0	1.0			12
0.68	Age-Adjusted Death Rate due to Influenza and Pneumonia	2012-2016	deaths/ 100,000 population	13.3	17.8	14.8		13.5		18

SCORE	SOCIAL ENVIRONMENT	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Children Living Below Poverty Level	2012-2016	percent	34.6	23.9	21.2			Black or African	1

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

								American, Hispanic or Latino, Other	
2.40	Linguistic Isolation	2012-2016	percent	4.5	2.5	4.5			1
2.30	People Living Below Poverty Level	2012-2016	percent	21.8	16.8	15.1	12.5	<6, 6-11, 12-17, 18-24, Black or African American, Hispanic or Latino, Other	1
2.30	Single-Parent Households	2012-2016	percent	43.1	35.7	33.6			1
2.25	Homeownership	2012-2016	percent	52.7	55.5	55.9			1
2.25	Total Employment Change	2014-2015	percent	-0.8	3.1	2.5			22
2.20	Median Household Income	2012-2016	dollars	40457	48256	55322		Black or African American, Hispanic or Latino, Other	1
2.13	Persons with Health Insurance	2016	percent	85.3	87.8		100.0	92.0	19
2.10	Per Capita Income	2012-2016	dollars	21674	26779	29829		Black or African American, Hispanic or Latino, Other, Two or More Races	1
1.95	Population 16+ in Civilian Labor Force	2012-2016	percent	58.1	61.5	63.1			1
1.95	Young Children Living Below Poverty Level	2012-2016	percent	39.4	27.3	23.6		Hispanic or Latino, Other	1
1.93	Median Housing Unit Value	2012-2016	dollars	114200	157100	184700			1
1.90	People 65+ Living Alone	2012-2016	percent	28.7	26.8	26.4			1
1.90	Voter Turnout: Presidential Election	2016	percent	64.6	67.7				16
1.80	Female Population 16+ in Civilian Labor Force	2012-2016	percent	55.1	57.4	58.3			1
1.65	People 25+ with a Bachelor's Degree or Higher	2012-2016	percent	18.7	29.0	30.3		65+, Black or African American, Other	1
1.58	Social and Economic Factors Ranking	2018	ranking	67				65+, Other	5

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.53	Median Monthly Owner Costs for Households without a Mortgage	2012-2016	dollars	379	376	462				1
1.50	People 25+ with a High School Degree or Higher	2012-2016	percent	83.0	86.3	87.0			65+, Other	1
1.43	Median Household Gross Rent	2012-2016	dollars	727	816	949				1
1.00	Mean Travel Time to Work	2012-2016	minutes	22.1	24.1	26.1				1
0.88	Mortgaged Owners Median Monthly Household Costs	2012-2016	dollars	1078	1243	1491				1
0.80	Social Associations	2015	membership associations/ 10,000 population	13.3	11.5	9.3				5

SCORE	SUBSTANCE ABUSE	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.40	Adults who Smoke	2016	percent	19.8	17.9	17.0	12.0	13.0		5
2.00	Alcohol-Impaired Driving Deaths	2012-2016	percent	32.7	31.4	29.3		4.7		5
1.73	Health Behaviors Ranking	2018	ranking	87						5
0.90	Adults who Drink Excessively	2016	percent	15.1	16.7	18.0	25.4			5
0.90	Death Rate due to Drug Poisoning	2014-2016	deaths/ 100,000 population	11.8	16.2	16.9				5
0.75	Liquor Store Density	2015	stores/ 100,000 population	4.0	5.8	10.5				22

SCORE	TEEN & ADOLESCENT HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
1.35	Teen Pregnancy Rate	2012-2016	pregnancies/ 1,000 females aged 15-17	19.7	15.7		36.2			18

SCORE	TRANSPORTATION	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.25	Workers who Walk to Work	2012-2016	percent	1.4	1.8	2.8	3.1			1
2.00	Households without a Vehicle	2012-2016	percent	8.3	6.3	9.0				1
1.90	Workers Commuting by Public Transportation	2012-2016	percent	0.5	1.1	5.1	5.5		Hispanic or Latino, White, non-Hispanic	1
1.65	Households with No Car and Low Access to a Grocery Store	2015	percent	3.8						23

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.

1.55	Workers who Drive Alone to Work	2012-2016	percent	81.4	81.1	76.4			Native Hawaiian or Other Pacific Islander, White, non- Hispanic	1
1.00	Mean Travel Time to Work	2012-2016	minutes	22.1	24.1	26.1				1
0.65	Solo Drivers with a Long Commute	2012-2016	percent	22.3	31.3	34.7				5

SCORE	WELLNESS & LIFESTYLE	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.55	Self-Reported General Health Assessment: Poor or Fair	2016	percent	21.0	17.6	16.0		9.9		5
2.10	Poor Physical Health: Average Number of Days	2016	days	4.1	3.6	3.7				5
1.95	Insufficient Sleep	2016	percent	36.4	33.8	38.0				5
1.75	Life Expectancy for Females	2014	years	79.0	80.2	81.5		79.5		7
1.75	Life Expectancy for Males	2014	years	74.0	75.4	76.7		79.5		7
1.65	Frequent Physical Distress	2016	percent	12.9	11.3	15.0				5
1.58	Morbidity Ranking	2018	ranking	56						5

SCORE	WOMEN'S HEALTH	MEASUREMENT PERIOD	UNITS	WAYNE COUNTY	NORTH CAROLINA	U.S.	HP2020	HEALTHY NC 2020	HIGH DISPARITY*	SOURCE
2.15	Age-Adjusted Death Rate due to Breast Cancer	2010-2014	deaths/ 100,000 females	23.9	21.6	21.2	20.7			8
1.75	Life Expectancy for Females	2014	years	79.0	80.2	81.5		79.5		7
1.65	Breast Cancer Incidence Rate	2010-2014	cases/ 100,000 females	123.2	129.4	123.5				8
1.60	Mammography Screening: Medicare Population	2014	percent	64.4	67.9	63.1				20
1.45	Ovarian Cancer Incidence Rate	2010-2014	cases/ 100,000 females	11.3	10.9	11.4				8
1.40	Domestic Violence Deaths	2016	deaths	0						15
1.13	Cervical Cancer Incidence Rate	2010-2014	cases/ 100,000 females	7.2	7.2	7.5	7.3			8

•High Disparity includes differences in which subgroups do significantly better or significantly worse than the overall county value. Subgroup values are given in parentheses.



## Sources

Table 24 displays the list of sources used in secondary data scoring. Number keys are referenced alongside each indicator in the Indicator Scoring Table.

**Table 24. Indicator Sources and Corresponding Number Keys**

Number Key	Source
1	American Community Survey
2	American Lung Association
3	Centers for Disease Control and Prevention
4	Centers for Medicare & Medicaid Services
5	County Health Rankings
6	Feeding America
7	Institute for Health Metrics and Evaluation
8	National Cancer Institute
9	National Center for Education Statistics
10	National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
11	North Carolina Department of Health and Human Services
12	North Carolina Department of Health and Human Services, Communicable Disease Branch
13	North Carolina Department of Justice
14	North Carolina Department of Public Instruction
15	North Carolina Department of Public Safety
16	North Carolina State Board of Elections
17	North Carolina State Center for Health Statistics
18	North Carolina State Center for Health Statistics, Vital Statistics
19	Small Area Health Insurance Estimates
20	The Dartmouth Atlas of Health Care
21	U.S. Bureau of Labor Statistics
22	U.S. Census - County Business Patterns
23	U.S. Department of Agriculture - Food Environment Atlas
24	U.S. Environmental Protection Agency

## Appendix C. Primary Data

Primary data used in this assessment was collected through a community survey and focus groups. The survey instruments and focus group questions are provided in this Appendix:

- [English Survey](#)
- [Spanish Survey](#)
- [Focus Group Questions](#)

## English Survey

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# Eastern North Carolina Community Health Survey 2018

Welcome to the Community Health Survey for Eastern North Carolina!

We are conducting a Community Health Assessment for your county. This assessment is being undertaken by a partnership of 33 counties, hospitals, health systems, and health departments in Eastern North Carolina. It allows these partners to better understand the health status and needs of the community they serve and use the knowledge gained to implement programs that will benefit the community.

We can better understand community needs by gathering voices from the community. This survey allows community members like you to tell us about what you feel are important issues for your community. We estimate that it will take about 20 minutes to complete this ~60 question survey. Your answers to these questions will be kept confidential and anonymous.

Thank you very much for your input and your time! If you have questions about this survey, please contact Will Broughton at [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).

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### Part 1: Quality of Life

*First, tell us a little bit about yourself...*

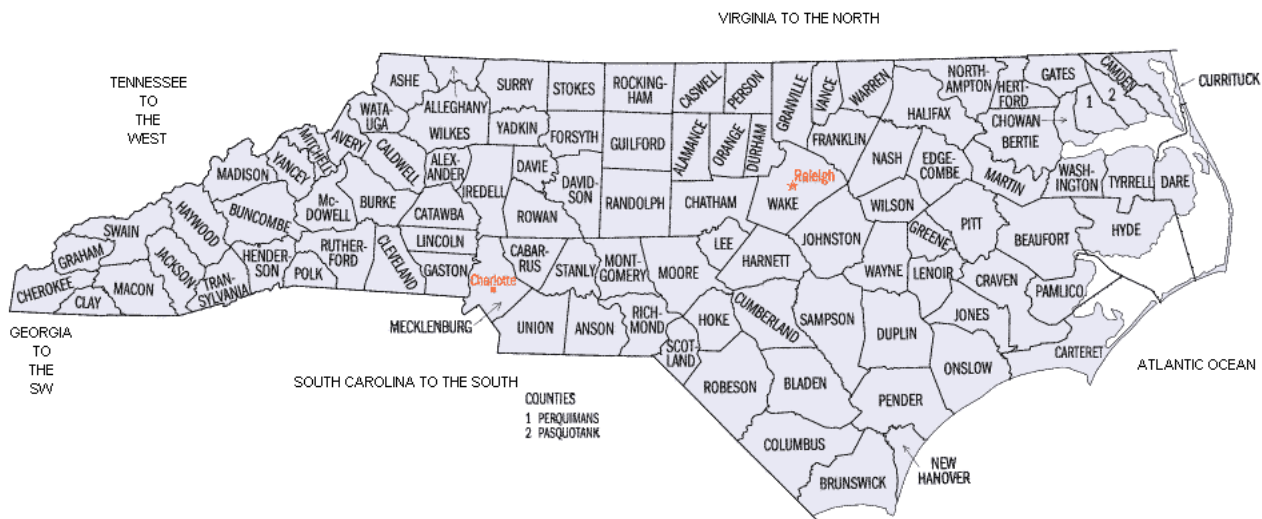
#### **1. Where do you currently live?**

ZIP/Postal Code

## 2. What county do you live in?

- |                                     |                                   |                                     |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Franklin | <input type="checkbox"/> Onslow     |
| <input type="checkbox"/> Bertie     | <input type="checkbox"/> Gates    | <input type="checkbox"/> Pamlico    |
| <input type="checkbox"/> Bladen     | <input type="checkbox"/> Greene   | <input type="checkbox"/> Pasquotank |
| <input type="checkbox"/> Camden     | <input type="checkbox"/> Halifax  | <input type="checkbox"/> Pender     |
| <input type="checkbox"/> Carteret   | <input type="checkbox"/> Hertford | <input type="checkbox"/> Perquimans |
| <input type="checkbox"/> Chowan     | <input type="checkbox"/> Hoke     | <input type="checkbox"/> Pitt       |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde     | <input type="checkbox"/> Sampson    |
| <input type="checkbox"/> Currituck  | <input type="checkbox"/> Johnston | <input type="checkbox"/> Tyrrell    |
| <input type="checkbox"/> Dare       | <input type="checkbox"/> Lenoir   | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Duplin     | <input type="checkbox"/> Martin   | <input type="checkbox"/> Wayne      |
| <input type="checkbox"/> Edgecombe  | <input type="checkbox"/> Nash     | <input type="checkbox"/> Wilson     |

## North Carolina County Map



**3. Think about the county that you live in. Please tell us whether you “strongly disagree”, “disagree”, “neutral”, “agree” or “strongly agree” with each of the next 9 statements.**

Statements	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree
There is good healthcare in my County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to raise children.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a good place to grow old.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of economic opportunity in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
This County is a safe place to live.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is plenty of help for people during times of need in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There is affordable housing that meets my needs in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There are good parks and recreation facilities in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It is easy to buy healthy foods in this County.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## **PART 2: Community Improvement**

*The next set of questions will ask about community problems, issues, and services that are important to you. Remember your choices will not be linked to you in any way.*

**4. Please look at this list of community issues. In your opinion, which one issue most affects the quality of life in this County? (*Please choose only one.*)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Pollution (air, water, land)        | <input type="checkbox"/> Discrimination/ racism    | <input type="checkbox"/> Domestic violence               |
| <input type="checkbox"/> Dropping out of school              | <input type="checkbox"/> Lack of community support | <input type="checkbox"/> Violent crime (murder, assault) |
| <input type="checkbox"/> Low income/poverty                  | <input type="checkbox"/> Drugs (Substance Abuse)   | <input type="checkbox"/> Theft                           |
| <input type="checkbox"/> Homelessness                        | <input type="checkbox"/> Neglect and abuse         | <input type="checkbox"/> Rape/sexual assault             |
| <input type="checkbox"/> Lack of/inadequate health insurance | <input type="checkbox"/> Elder abuse               |  |
| <input type="checkbox"/> Hopelessness                        | <input type="checkbox"/> Child abuse               |  |
| <input type="checkbox"/> Other (please specify)              |  |  |



**5. In your opinion, which one of the following services needs the most improvement in your neighborhood or community? (*Please choose only one.*)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Animal control                    | <input type="checkbox"/> Number of health care providers   | <input type="checkbox"/> Positive teen activities   |
| <input type="checkbox"/> Child care options                | <input type="checkbox"/> Culturally appropriate health services                                  | <input type="checkbox"/> Transportation options     |
| <input type="checkbox"/> Elder care options                | <input type="checkbox"/> Counseling/ mental health/ support groups                               | <input type="checkbox"/> Availability of employment |
| <input type="checkbox"/> Services for disabled people      | <input type="checkbox"/> Better/ more recreational facilities (parks, trails, community centers) | <input type="checkbox"/> Higher paying employment   |
| <input type="checkbox"/> More affordable health services   | <input type="checkbox"/> Healthy family activities   | <input type="checkbox"/> Road maintenance           |
| <input type="checkbox"/> Better/ more healthy food choices |  | <input type="checkbox"/> Road safety                |
| <input type="checkbox"/> More affordable/better housing    |  | <input type="checkbox"/> None                       |
| <input type="checkbox"/> Other (please specify)            |  |   |

### PART 3: Health Information

*Now we'd like to hear more about where you get health information...*

**6. In your opinion, which one health behavior do people in your own community need more information about? (*Please suggest only one.*)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Eating well/ nutrition                                  | <input type="checkbox"/> Using child safety car seats                                     | <input type="checkbox"/> Substance abuse prevention (ex: drugs and alcohol) |
| <input type="checkbox"/> Exercising/ fitness                                     | <input type="checkbox"/> Using seat belts   | <input type="checkbox"/> Suicide prevention                                 |
| <input type="checkbox"/> Managing weight   | <input type="checkbox"/> Driving safely   | <input type="checkbox"/> Stress management                                  |
| <input type="checkbox"/> Going to a dentist for check-ups/ preventive care       | <input type="checkbox"/> Quitting smoking/ tobacco use prevention                         | <input type="checkbox"/> Anger management                                   |
| <input type="checkbox"/> Going to the doctor for yearly check-ups and screenings | <input type="checkbox"/> Child care/ parenting  | <input type="checkbox"/> Domestic violence prevention                       |
| <input type="checkbox"/> Getting prenatal care during pregnancy                  | <input type="checkbox"/> Elder care   | <input type="checkbox"/> Crime prevention                                   |
| <input type="checkbox"/> Getting flu shots and other vaccines                    | <input type="checkbox"/> Caring for family members with special needs/ disabilities       | <input type="checkbox"/> Rape/ sexual abuse prevention                      |
| <input type="checkbox"/> Preparing for an emergency/disaster                     | <input type="checkbox"/> Preventing pregnancy and sexually transmitted disease (safe sex) | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please specify)                                  |   |   |

**7. Where do you get most of your health-related information? (*Please choose only one.*)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Friends and family     | <input type="checkbox"/> Internet          | <input type="checkbox"/> Employer        |
| <input type="checkbox"/> Doctor/nurse           | <input type="checkbox"/> My child's school | <input type="checkbox"/> Help lines      |
| <input type="checkbox"/> Pharmacist             | <input type="checkbox"/> Hospital          | <input type="checkbox"/> Books/magazines |
| <input type="checkbox"/> Church                 | <input type="checkbox"/> Health department |  |
| <input type="checkbox"/> Other (please specify) |  |  |

**8. What health topic(s)/ disease(s) would you like to learn more about?**

**9. Do you provide care for an elderly relative at your residence or at another residence? (Choose only one.)**

☐ Yes

☐ No

**10. Do you have children between the ages of 9 and 19 for whom you are the caretaker? (Includes step-children, grandchildren, or other relatives.) (Choose only one.)**

☐ Yes

☐ No **(if No, skip to question #12)**

**11. Which of the following health topics do you think your child/children need(s) more information about? (Check all that apply.)**

☐ Dental hygiene

☐ Diabetes management

☐ Drug abuse

☐ Nutrition

☐ Tobacco

☐ Reckless

☐ Eating disorders

☐ STDs (Sexually

driving/speeding

☐ Fitness/Exercise

Transmitted Diseases)

☐ Mental health issues

☐ Asthma management

☐ Sexual intercourse

☐ Suicide prevention

☐ Alcohol

☐ Other (please specify)

## PART 4: Personal Health

*These next questions are about your own personal health. Remember, the answers you give for this survey will not be linked to you in any way.*

**12. Would you say that, in general, your health is... (Choose only one.)**

- ☐ Excellent
- ☐ Very Good
- ☐ Good
- ☐ Fair
- ☐ Poor
- ☐ Don't know/not sure

**13. Have you ever been told by a doctor, nurse, or other health professional that you have any of the following health conditions?**

	Yes	No	Don't Know
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depression or anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (not during pregnancy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overweight/obesity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina/heart disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. Which of the following preventive services have you had in the past 12 months? (Check all that apply.)**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Mammogram                 | <input type="checkbox"/> Bone density test     | <input type="checkbox"/> Vision screening         |
| <input type="checkbox"/> Prostate cancer screening | <input type="checkbox"/> Physical exam         | <input type="checkbox"/> Cardiovascular screening |
| <input type="checkbox"/> Colon/rectal exam         | <input type="checkbox"/> Pap smear             | <input type="checkbox"/> Dental cleaning/X-rays   |
| <input type="checkbox"/> Blood sugar check         | <input type="checkbox"/> Flu shot              | <input type="checkbox"/> None of the above        |
| <input type="checkbox"/> Cholesterol               | <input type="checkbox"/> Blood pressure check  |   |
| <input type="checkbox"/> Hearing screening         | <input type="checkbox"/> Skin cancer screening |   |

**15. About how long has it been since you last visited a dentist or dental clinic for any reason? Include visits to dental specialists, such as orthodontists. (Choose only one.)**

- ☐ Within the past year (anytime less than 12 months ago)
- ☐ Within the past 2 years (more than 1 year but less than 2 years ago)
- ☐ Within the past 5 years (more than 2 years but less than 5 years ago)
- ☐ Don't know/not sure
- ☐ Never

**16. In the past 30 days, have there been any days when feeling sad or worried kept you from going about your normal activities? (Choose only one.)**

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

**17. The next question is about alcohol. One drink is equivalent to a 12-ounce beer, a 5 ounce glass of wine, or a drink with one shot of liquor.**

**Considering all types of alcoholic beverages, how many times during the past 30 days did you have 5 or more drinks (if male) or 4 or more drinks (if female) on an occasion?**

- |                            |                            |                             |                             |                             |                             |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8  | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 |                             |
- ☐ Don't know / not sure

**18. Now we will ask a question about drug use. The answers that people give us about their use of drugs are important for understanding health issues in the county. We know that this information is personal, but remember your answers will be kept confidential.**

**Have you used any illegal drugs within the past 30 days? When we say illegal drugs this**

includes marijuana, cocaine, crack cocaine, heroin, or any other illegal drug substance. On about how many days have you used one of these drugs? *(Choose only one.)*

- |                            |                            |                             |                             |                             |                             |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8  | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 |                             |
- ☐ Don't know / not sure

*(if you responded 0, skip to question #20)*

**19. During the past 30 days, which illegal drug did you use? *(Check all that apply.)***

- ☐ Marijuana
- ☐ Cocaine
- ☐ Heroin
- ☐ Other (please specify)

**20. During the past 30 days, have you taken any prescription drugs that you did not have a prescription for (such as Oxycontin, Percocet, Demerol, Adderall, Ritalin, or Xanax)? How many times during the past 30 days did you use a prescription drug that you did not have a prescription for? *(Choose only one.)***

- |                            |                            |                             |                             |                             |                             |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8  | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 |                             |
- ☐ Don't know / not sure



**21. The next question relates to veteran's health. Have you ever served on active duty in the US Armed Forces (not including active duty only for training in the Reserves or National Guard)? (Choose only one.)**

☐ Yes

☐ No **(if No, skip to question #23)**

**22. Has a doctor or other health professional ever told you that you have depression, anxiety, or post traumatic stress disorder (PTSD)? (Choose only one.)**

☐ Yes

☐ No

**23. Now we'd like to know about your fitness. During a normal week, other than in your regular job, do you engage in any physical activity or exercise that lasts at least a half an hour? (Choose only one.)**

☐ Yes

☐ No **(if No, skip to question #26)**

☐ Don't know/not sure **(if Don't know/not sure, skip to question #26)**

**24. Since you said yes, how many times do you exercise or engage in physical activity during a normal week?**

**25. Where do you go to exercise or engage in physical activity? (Check all that apply.)**

- |   |  |
|---|--|
| <input type="checkbox"/> YMCA                     | <input type="checkbox"/> Worksite/Employer       |
| <input type="checkbox"/> Park                     | <input type="checkbox"/> School Facility/Grounds |
| <input type="checkbox"/> Public Recreation Center | <input type="checkbox"/> Home                    |
| <input type="checkbox"/> Private Gym              | <input type="checkbox"/> Place of Worship        |
| <input type="checkbox"/> Other (please specify)   |  |

**Since you responded YES to #23 (physical activity/exercise), skip to question #27.**

**26. Since you said "no", what are the reasons you do not exercise for at least a half hour during a normal week? You can give as many of these reasons as you need to.**

- |  |   |
|--|---|
| <input type="checkbox"/> My job is physical or hard labor  | <input type="checkbox"/> It costs too much to exercise.                   |
| <input type="checkbox"/> Exercise is not important to me.  | <input type="checkbox"/> There is no safe place to exercise.              |
| <input type="checkbox"/> I don't have access to a facility that has the things I need, like a pool, golf course, or a track. | <input type="checkbox"/> I would need transportation and I don't have it. |
| <input type="checkbox"/> I don't have enough time to exercise.   | <input type="checkbox"/> I'm too tired to exercise.                       |
| <input type="checkbox"/> I would need child care and I don't have it.  | <input type="checkbox"/> I'm physically disabled.                         |
| <input type="checkbox"/> I don't know how to find exercise partners.   | <input type="checkbox"/> I don't know                                     |
| <input type="checkbox"/> I don't like to exercise.   |   |
| <input type="checkbox"/> Other (please specify)  |   |

27. **Not** counting lettuce salad or potato products such as french fries, think about how often you eat fruits and vegetables in an average week.

How many cups per week of fruits and vegetables would you say you eat? (*One apple or 12 baby carrots equal one cup.*)

Number of Cups of Fruit

Number of Cups of Vegetables

Number of Cups of 100% Fruit Juice

28. Have you ever been exposed to secondhand smoke in the past year? (*Choose only one.*)

- ☐ Yes
- ☐ No (*if No, skip to question #30*)
- ☐ Don't know/not sure (*if Don't know/not sure, skip to question #30*)

29. If yes, where do you think you are exposed to secondhand smoke most often? (*Check only one.*)

- ☐ Home
- ☐ Workplace
- ☐ Hospitals
- ☐ Restaurants
- ☐ School
- ☐ I am not exposed to secondhand smoke.
- ☐ Other (please specify)

30. Do you currently use tobacco products? (This includes cigarettes, electronic cigarettes, chewing tobacco and vaping.) (*Choose only one.*)

- ☐ Yes
- ☐ No **(if No, skip to question #32)**

**31. If yes, where would you go for help if you wanted to quit? (Choose only one).**

- |  |   |
|--|---|
| <input type="checkbox"/> Quit Line NC                | <input type="checkbox"/> Health Department                    |
| <input type="checkbox"/> Doctor                      | <input type="checkbox"/> I don't know                         |
| <input type="checkbox"/> Pharmacy                    | <input type="checkbox"/> Not applicable; I don't want to quit |
| <input type="checkbox"/> Private counselor/therapist |   |
| <input type="checkbox"/> Other (please specify)      |   |

**32. Now we will ask you questions about your personal flu vaccines. An influenza/flu vaccine can be a "flu shot" injected into your arm or spray like "FluMist" which is sprayed into your nose. During the past 12 months, have you had a seasonal flu vaccine? (Choose only one.)**

- ☐ Yes, flu shot
- ☐ Yes, flu spray
- ☐ Yes, both
- ☐ No
- ☐ Don't know/not sure

## Part 5: Access to Care/Family Health

**33. Where do you go most often when you are sick? (*Choose only one.*)**

- |   |   |
|---|---|
| <input type="checkbox"/> Doctor's office        | <input type="checkbox"/> Medical clinic     |
| <input type="checkbox"/> Health department      | <input type="checkbox"/> Urgent care center |
| <input type="checkbox"/> Hospital               |   |
| <input type="checkbox"/> Other (please specify) |   |

**34. Do you have any of the following types of health insurance or health care coverage? (*Choose all that apply.*)**

- ☐ Health insurance my employer provides
- ☐ Health insurance my spouse's employer provides
- ☐ Health insurance my school provides
- ☐ Health insurance my parent or my parent's employer provides
- ☐ Health insurance I bought myself
- ☐ Health insurance through Health Insurance Marketplace (Obamacare)
- ☐ The military, Tricare, or the VA
- ☐ Medicaid
- ☐ Medicare
- ☐ No health insurance of any kind

**35. In the past 12 months, did you have a problem getting the health care you needed for you personally or for a family member from any type of health care provider, dentist, pharmacy, or other facility? (*Choose only one.*)**

- ☐ Yes
- ☐ No **(if No, skip to question #38)**
- ☐ Don't know/not sure

**36. Since you said "yes," what type of provider or facility did you or your family member have trouble getting health care from? You can choose as many of these as you need to.**

- |                                  |   |
|----------------------------------|---|
| <input type="checkbox"/> Dentist | <input type="checkbox"/> General practitioner |
|----------------------------------|---|

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Eye care/ optometrist/<br>ophthalmologist | <input type="checkbox"/> OB/GYN               |   |
| <input type="checkbox"/> Pharmacy/ prescriptions                   | <input type="checkbox"/> Health<br>department | <input type="checkbox"/> Urgent Care Center |
| <input type="checkbox"/> Pediatrician                              | <input type="checkbox"/> Hospital             | <input type="checkbox"/> Medical Clinic     |
| <input type="checkbox"/> Other (please specify)                    |   | <input type="checkbox"/> Specialist         |

**37. Which of these problems prevented you or your family member from getting the necessary health care? You can choose as many of these as you need to.**

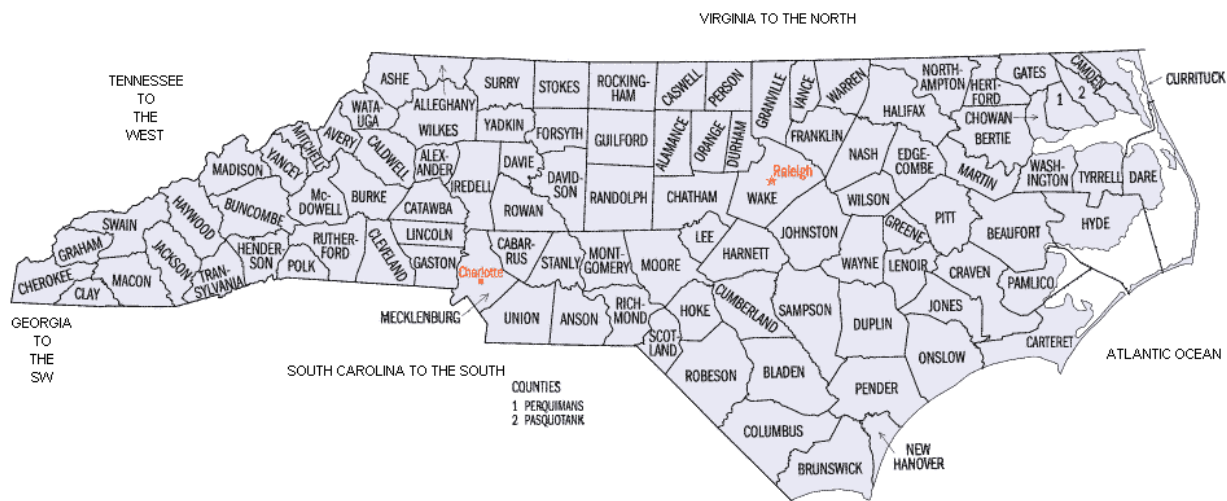
- ☐ No health insurance.
- ☐ Insurance didn't cover what I/we needed.
- ☐ My/our share of the cost (deductible/co-pay) was too high.
- ☐ Doctor would not take my/our insurance or Medicaid.
- ☐ Hospital would not take my/our insurance.
- ☐ Pharmacy would not take my/our insurance or Medicaid.
- ☐ Dentist would not take my/our insurance or Medicaid.
- ☐ No way to get there.
- ☐ Didn't know where to go.
- ☐ Couldn't get an appointment.
- ☐ The wait was too long.
- ☐ The provider denied me care or treated me in a discriminatory manner because of my HIV status, or because I am an LGBT individual.



**38. In what county are most of the medical providers you visit located? (Choose only one.)**

- |   |                                    |                                      |  |
|---|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Beaufort               | <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Martin      | <input type="checkbox"/> Sampson               |
| <input type="checkbox"/> Bertie                 | <input type="checkbox"/> Franklin  | <input type="checkbox"/> Moore       | <input type="checkbox"/> Scotland              |
| <input type="checkbox"/> Bladen                 | <input type="checkbox"/> Gates     | <input type="checkbox"/> Nash        | <input type="checkbox"/> Tyrrell               |
| <input type="checkbox"/> Brunswick              | <input type="checkbox"/> Granville | <input type="checkbox"/> New Hanover | <input type="checkbox"/> Vance                 |
| <input type="checkbox"/> Camden                 | <input type="checkbox"/> Greene    | <input type="checkbox"/> Northampton | <input type="checkbox"/> Wake                  |
| <input type="checkbox"/> Carteret               | <input type="checkbox"/> Halifax   | <input type="checkbox"/> Onslow      | <input type="checkbox"/> Warren                |
| <input type="checkbox"/> Chowan                 | <input type="checkbox"/> Harnett   | <input type="checkbox"/> Pamlico     | <input type="checkbox"/> Washington            |
| <input type="checkbox"/> Columbus               | <input type="checkbox"/> Hertford  | <input type="checkbox"/> Pasquotank  | <input type="checkbox"/> Wayne                 |
| <input type="checkbox"/> Craven                 | <input type="checkbox"/> Hoke      | <input type="checkbox"/> Pender      | <input type="checkbox"/> Wilson                |
| <input type="checkbox"/> Cumberland             | <input type="checkbox"/> Hyde      | <input type="checkbox"/> Perquimans  | <input type="checkbox"/> The State of Virginia |
| <input type="checkbox"/> Currituck              | <input type="checkbox"/> Johnston  | <input type="checkbox"/> Pitt        |  |
| <input type="checkbox"/> Dare                   | <input type="checkbox"/> Jones     | <input type="checkbox"/> Richmond    |  |
| <input type="checkbox"/> Duplin                 | <input type="checkbox"/> Lenoir    | <input type="checkbox"/> Robeson     |  |
| <input type="checkbox"/> Other (please specify) |                                    |                                      |  |

**North Carolina County Map**



**39. In the previous 12 months, were you ever worried about whether your family's food would run out before you got money to buy more? (*Choose only one.*)**

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

**40. If a friend or family member needed counseling for a mental health or a drug/alcohol abuse problem, who is the first person you would tell them to talk to? (*Choose only one.*)**

- |  |   |
|--|---|
| <input type="checkbox"/> Private counselor or therapist    | <input type="checkbox"/> Don't know             |
| <input type="checkbox"/> Support group (e.g., AA, Al-Anon) | <input type="checkbox"/> Doctor                 |
| <input type="checkbox"/> School counselor                  | <input type="checkbox"/> Pastor/Minister/Clergy |
| <input type="checkbox"/> Other (please specify)            |   |

## **Part 6: Emergency Preparedness**

**41. Does your household have working smoke and carbon monoxide detectors? (Choose only one.)**

- ☐ Yes, smoke detectors only
- ☐ Yes, both
- ☐ Don't know/not sure
- ☐ Yes, carbon monoxide detectors only
- ☐ No

**42. Does your family have a basic emergency supply kit? (These kits include water, non-perishable food, any necessary prescriptions, first aid supplies, flashlight and batteries, non-electric can opener, blanket, etc.)**

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

If yes, how many days do you have supplies for? (Write number of days)

**43. What would be your main way of getting information from authorities in a large-scale disaster or emergency? (Check only one.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Television                  | <input type="checkbox"/> Social networking site                |
| <input type="checkbox"/> Radio                       | <input type="checkbox"/> Neighbors                             |
| <input type="checkbox"/> Internet                    | <input type="checkbox"/> Family                                |
| <input type="checkbox"/> Telephone (landline)        | <input type="checkbox"/> Text message (emergency alert system) |
| <input type="checkbox"/> Cell Phone                  | <input type="checkbox"/> Don't know/not sure                   |
| <input type="checkbox"/> Print media (ex: newspaper) |  |
| <input type="checkbox"/> Other (please specify)      |  |

**44. If public authorities announced a mandatory evacuation from your neighborhood or community due to a large-scale disaster or emergency, would you evacuate? (Check only one.)**

- ☐ Yes **(if Yes, skip to question #46)**
- ☐ No
- ☐ Don't know/not sure

**45. What would be the main reason you might not evacuate if asked to do so? (Check only one.)**

- |  |  |
|--|--|
| <input type="checkbox"/> Lack of transportation                | <input type="checkbox"/> Concern about leaving pets                          |
| <input type="checkbox"/> Lack of trust in public officials     | <input type="checkbox"/> Concern about traffic jams and inability to get out |
| <input type="checkbox"/> Concern about leaving property behind | <input type="checkbox"/> Health problems (could not be moved)                |
| <input type="checkbox"/> Concern about personal safety         | <input type="checkbox"/> Don't know/not sure                                 |
| <input type="checkbox"/> Concern about family safety           |  |
| <input type="checkbox"/> Other (please specify)                |  |

## Part 7: Demographic Questions

*The next set of questions are general questions about you, which will only be reported as a summary of all answers given by survey participants. Your answers will remain anonymous.*

### **46. How old are you? (Choose only one.)**

- |                                |                                |                                      |
|--------------------------------|--------------------------------|--------------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69       |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74       |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79       |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84       |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 or older |

### **47. What is your gender? (Choose only one.)**

- ☐ Male
- ☐ Female
- ☐ Transgender
- ☐ Gender non-conforming
- ☐ Other

### **48. Are you of Hispanic, Latino, or Spanish origin? (Choose only one).**

- ☐ I am not of Hispanic, Latino or Spanish origin
- ☐ Mexican, Mexican American, or Chicano
- ☐ Puerto Rican
- ☐ Cuban or Cuban American
- ☐ Other Hispanic or Latino (please specify)

**49. What is your race? (Choose only one).**

- ☐ White or Caucasian
- ☐ Black or African American
- ☐ American Indian or Alaska Native
- ☐ Asian Indian
- ☐ Other Asian including Japanese, Chinese, Korean, Vietnamese, and Filipino/a
- ☐ Other Pacific Islander including Native Hawaiian, Samoan, Guamanian/Chamorro
- ☐ Other race not listed here (please specify)

**50. Is English the primary language spoken in your home? (Choose only one.)**

- ☐ Yes
- ☐ No. If no, please specify the primary language spoken in your home.

**51. What is your marital status? (Choose only one.)**

- ☐ Never married/single
- ☐ Married
- ☐ Unmarried partner
- ☐ Divorced
- ☐ Widowed
- ☐ Separated
- ☐ Other (please specify)



**52. Select the highest level of education you have achieved. (Choose only one.)**

- ☐ Less than 9th grade
- ☐ 9-12th grade, no diploma
- ☐ High School graduate (or GED/equivalent)
- ☐ Associate's Degree or Vocational Training
- ☐ Some college (no degree)
- ☐ Bachelor's degree
- ☐ Graduate or professional degree
- ☐ Other (please specify)

**53. What was your total household income last year, before taxes? (Choose only one.)**

- |   |   |
|---|---|
| <input type="checkbox"/> Less than \$10,000   | <input type="checkbox"/> \$35,000 to \$49,999 |
| <input type="checkbox"/> \$10,000 to \$14,999 | <input type="checkbox"/> \$50,000 to \$74,999 |
| <input type="checkbox"/> \$15,000 to \$24,999 | <input type="checkbox"/> \$75,000 to \$99,999 |
| <input type="checkbox"/> \$25,000 to \$34,999 | <input type="checkbox"/> \$100,000 or more    |

**54. Enter the number of individuals in your household (including yourself).**

**55. What is your employment status? (Check all that apply.)**

- ☐ Employed full-time
- ☐ Employed part-time
- ☐ Retired
- ☐ Armed forces
- ☐ Disabled
- ☐ Student
- ☐ Homemaker
- ☐ Self-employed
- ☐ Unemployed for 1 year or less
- ☐ Unemployed for more than 1 year

**56. Do you have access to the Internet at home (including broadband, wifi, dial-up or cellular data)? (Choose only one.)**

- ☐ Yes
- ☐ No
- ☐ Don't know/not sure

**57. (Optional) Is there anything else you would like us to know about your community? Please feel free to tell us below.**

**[Thank you for your time and participation!](#)**

If you have questions about this survey, please contact us at [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).

## Spanish Survey

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### Encuesta de salud de la comunidad del Este de Carolina del Norte 2018

¡Bienvenido a la encuesta de salud comunitaria para el Este de Carolina del Norte!

Estamos llevando a cabo una evaluación de salud comunitaria para su condado. Esta evaluación está siendo realizada por una asociación de 33 condados, hospitales, sistemas de salud y departamentos de salud en el Este de Carolina del Norte. Esta evaluación les permite a estos socios comprender mejor el estado de salud y las necesidades de la comunidad a la que sirven y utilizar el conocimiento adquirido para implementar programas que beneficiarán a esta comunidad.

Podemos entender mejor las necesidades de la comunidad reuniendo las voces de los miembros de su comunidad. Esta evaluación permite que los miembros de la comunidad como usted, nos cuente sobre lo que considera son asuntos importantes para su comunidad. De ante mano le agradecemos por los 20 minutos que tomará completar esta encuesta de 57 preguntas. Sus respuestas a estas preguntas se mantendrán confidenciales y anónimas.

¡Muchas gracias por su aporte y su tiempo! Si tiene preguntas sobre esta encuesta, puede enviar un correo electrónico a Will Broughton en [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).

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#### PARTE 1: Calidad de vida

*Primero, cuéntenos un poco sobre usted:*

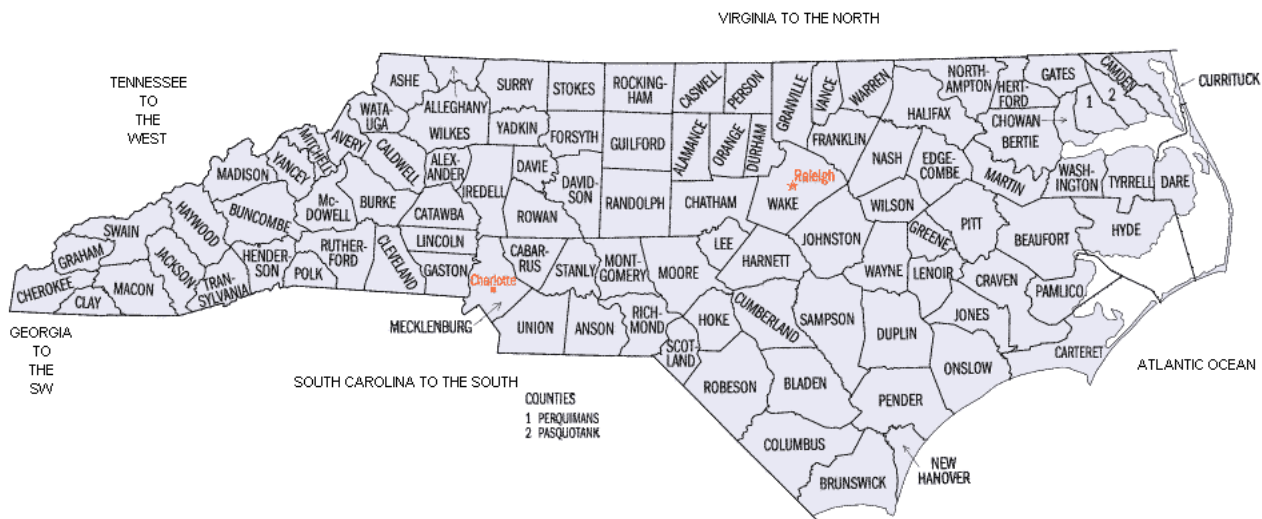
#### **3. ¿Dónde vive actualmente?**

Código postal

#### 4. ¿En qué condado vive?

- |                                     |                                   |                                     |
|-------------------------------------|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Beaufort   | <input type="checkbox"/> Franklin | <input type="checkbox"/> Onslow     |
| <input type="checkbox"/> Bertie     | <input type="checkbox"/> Gates    | <input type="checkbox"/> Pamlico    |
| <input type="checkbox"/> Bladen     | <input type="checkbox"/> Greene   | <input type="checkbox"/> Pasquotank |
| <input type="checkbox"/> Camden     | <input type="checkbox"/> Halifax  | <input type="checkbox"/> Pender     |
| <input type="checkbox"/> Carteret   | <input type="checkbox"/> Hertford | <input type="checkbox"/> Perquimans |
| <input type="checkbox"/> Chowan     | <input type="checkbox"/> Hoke     | <input type="checkbox"/> Pitt       |
| <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hyde     | <input type="checkbox"/> Sampson    |
| <input type="checkbox"/> Currituck  | <input type="checkbox"/> Johnston | <input type="checkbox"/> Tyrrell    |
| <input type="checkbox"/> Dare       | <input type="checkbox"/> Lenoir   | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Duplin     | <input type="checkbox"/> Martin   | <input type="checkbox"/> Wayne      |
| <input type="checkbox"/> Edgecombe  | <input type="checkbox"/> Nash     | <input type="checkbox"/> Wilson     |

#### Mapa del condado de Carolina del Norte



**3. Piense en el condado en el que vive. Por favor díganos si está "totalmente en desacuerdo", "en desacuerdo", "neutral", "de acuerdo" o "muy de acuerdo" con cada una de las siguientes 9 declaraciones.**

Declaración	Muy en Muy de desacuerdo acuerdo	En desacuerdo	Neutral	De acuerdo
Hay una buena atención médica en mi condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para criar niños.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un buen lugar para envejecer.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenas oportunidades económicas en este condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Este condado es un lugar seguro para vivir.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay mucha ayuda para las personas durante los momentos de necesidad en este condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay viviendas accesibles que satisfacen mis necesidades en este condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hay buenos parques e instalaciones de recreación en este condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Es fácil adquirir comidas saludables en este condado.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## PARTE 2: Mejora de la comunidad

*La siguiente serie de preguntas le preguntará sobre problemas y servicios de la comunidad que son importantes para usted. Recuerde que sus respuestas son privadas y no serán relacionadas con usted en ninguna manera.*

### **4. Mire esta lista de problemas de la comunidad. En su opinión, ¿qué problema afecta más la calidad de vida en este condado? (*Elija solo una respuesta*)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Contaminación (aire, agua, tierra)   | <input type="checkbox"/> Discriminación / racismo       | <input type="checkbox"/> Violencia doméstica                 |
| <input type="checkbox"/> Abandono de la escuela               | <input type="checkbox"/> Falta de apoyo de la comunidad | <input type="checkbox"/> Delito violento (asesinato, asalto) |
| <input type="checkbox"/> Bajos ingresos / pobreza             | <input type="checkbox"/> Drogas (Abuso de sustancias)   | <input type="checkbox"/> Robo                                |
| <input type="checkbox"/> Falta de hogar                       | <input type="checkbox"/> Descuido y abuso               | <input type="checkbox"/> Violación / agresión sexual         |
| <input type="checkbox"/> Falta de un seguro de salud adecuado | <input type="checkbox"/> Maltrato a personas mayores    |  |
| <input type="checkbox"/> Desesperación                        | <input type="checkbox"/> Abuso infantil                 |  |
| <input type="checkbox"/> Otros (especificar)                  |   |  |



**5. En su opinión, ¿cuál de los siguientes servicios necesita la mayor mejoría en su vecindario o comunidad? (Por favor elija solo uno)**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Control Animal                                 | <input type="checkbox"/> Número de   | <input type="checkbox"/> Actividades positivas       |
| <input type="checkbox"/> Opciones de cuidado infantil                   | <input type="checkbox"/> proveedores de atención médica  | <input type="checkbox"/> para adolescentes           |
| <input type="checkbox"/> Opciones de cuidado para ancianos              | <input type="checkbox"/> Servicios de salud apropiados de acuerdo a su cultura                             | <input type="checkbox"/> Opciones de transporte      |
| <input type="checkbox"/> Servicios para personas con discapacidad       | <input type="checkbox"/> Consejería / salud mental / grupos de apoyo                                       | <input type="checkbox"/> Disponibilidad de empleo    |
| <input type="checkbox"/> Servicios de salud más accesibles              | <input type="checkbox"/> Mejores y más instalaciones recreativas (parques, senderos, centros comunitarios) | <input type="checkbox"/> Empleos mejor pagados       |
| <input type="checkbox"/> Mejores y más opciones de alimentos saludables | <input type="checkbox"/> Actividades familiares saludables   | <input type="checkbox"/> Mantenimiento de carreteras |
| <input type="checkbox"/> Más accesibilidad / mejores vivienda           |  | <input type="checkbox"/> Carreteras seguras          |
| <input type="checkbox"/> Otros (especificar)                            |  | <input type="checkbox"/> Ninguna                     |

### PARTE 3: Información de salud

*Ahora nos gustaría saber un poco más sobre dónde usted obtiene información de salud.*

**6. En su opinión, ¿sobre qué área de salud necesitan más información las personas de su comunidad? (Por favor sugiera solo uno)**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Comer bien / nutrición                              | <input type="checkbox"/> Usar cinturones de seguridad   | <input type="checkbox"/> transmisión sexual (sexo seguro)                                   |
| <input type="checkbox"/> Ejercicio   | <input type="checkbox"/> Conducir cuidadosamente  | <input type="checkbox"/> Prevención del abuso de sustancias (por ejemplo, drogas y alcohol) |
| <input type="checkbox"/> Manejo del peso                                     | <input type="checkbox"/> Dejar de fumar / prevención del uso de tabaco                              | <input type="checkbox"/> Prevención del suicidio  |
| <input type="checkbox"/> Ir a un dentista para chequeos / cuidado preventivo | <input type="checkbox"/> Cuidado de niños / crianza   | <input type="checkbox"/> Manejo del estrés  |
| <input type="checkbox"/> Ir al médico para chequeos y exámenes anuales       | <input type="checkbox"/> Cuidado de ancianos  | <input type="checkbox"/> Control de la ira/enojo  |
| <input type="checkbox"/> Obtener cuidado prenatal durante el embarazo        | <input type="checkbox"/> Cuidado de miembros de familia con necesidades especiales o discapacidades | <input type="checkbox"/> Prevención de violencia doméstica                                  |
| <input type="checkbox"/> Recibir vacunas contra la gripe y otras vacunas     | <input type="checkbox"/> Prevención del embarazo y enfermedades de                                  | <input type="checkbox"/> Prevención del crimen  |
| <input type="checkbox"/> Prepararse para una emergencia / desastre           |   | <input type="checkbox"/> Violación / prevención de abuso sexual                             |
| <input type="checkbox"/> Usar asientos de seguridad para niños               |   | <input type="checkbox"/> Ninguna  |
| <input type="checkbox"/> Otros (especificar)                                 |   |   |

**7. De dónde saca la mayor parte de su información relacionada con la salud? (Por favor elija solo una respuesta)**

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Amigos y familia    | <input type="checkbox"/> Internet              | <input type="checkbox"/> Empleador             |
| <input type="checkbox"/> Doctor / enfermera  | <input type="checkbox"/> La escuela de mi hijo | <input type="checkbox"/> Líneas telefónicas de |
| <input type="checkbox"/> Farmacéutico        | <input type="checkbox"/> Hospital              | ayuda  |
| <input type="checkbox"/> Iglesia             | <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Libros / revistas     |
| <input type="checkbox"/> Otros (especificar) |  |  |

**8. ¿De qué temas o enfermedades de salud le gustaría aprender más?**

**9. ¿Cuida de un pariente anciano en su casa o en otra casa? (Elija solo una).**

- ☐ Sí
- ☐ No

**10. ¿Tiene hijos entre las edades de 9 y 19 de los cuales usted es el guardián? (Incluye hijastros, nietos u otros parientes). (Elija solo una).**

- ☐ Sí
- ☐ No **(Si su respuesta es No, salte a la pregunta numero 12)**

**11. ¿Cuáles de los siguientes temas de salud cree que sus hijos necesitan más información? (Seleccione todas las opciones que corresponden).**

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Higiene dental                   | <input type="checkbox"/> Manejo de la diabetes                       | <input type="checkbox"/> Abuso de drogas              |
| <input type="checkbox"/> Nutrición                        | <input type="checkbox"/> Tabaco                                      | <input type="checkbox"/> Manejo imprudente /          |
| <input type="checkbox"/> Trastornos de la<br>alimentación | <input type="checkbox"/> ETS (enfermedades de<br>transmisión sexual) | exceso de velocidad                                   |
| <input type="checkbox"/> Ejercicios                       | <input type="checkbox"/> Relación sexual                             | <input type="checkbox"/> Problemas de salud<br>mental |
| <input type="checkbox"/> Manejo del asma                  | <input type="checkbox"/> Alcohol                                     | <input type="checkbox"/> Prevención del suicidio      |
| <input type="checkbox"/> Otros (especificar)              |  |   |

## PARTE 4: Salud personal

*Las siguientes preguntas son sobre su salud personal. Recuerde, las respuestas que brinde para esta encuesta no serán ligadas con usted de ninguna manera.*

### **12. En general, diría que su salud es... (Elija solo una).**

- ☐ Excelente
- ☐ Muy buena
- ☐ Buena
- ☐ Justa
- ☐ Pobre
- ☐ No sé / no estoy seguro

### **13. ¿Alguna vez un médico, enfermera u otro profesional de la salud le dijo que tiene alguna de las siguientes condiciones de salud?**

	Sí	No	No lo sé
Asma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Depresión o ansiedad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Alta presión sanguínea	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Colesterol alto	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes (no durante el embarazo)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Osteoporosis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sobrepeso / obesidad	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina / enfermedad cardíaca	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cáncer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**14. ¿Cuál de los siguientes servicios preventivos ha tenido usted en los últimos 12 meses? (Seleccione todas las opciones que corresponden).**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Mamografía                     | <input type="checkbox"/> Prueba de densidad de los huesos | <input type="checkbox"/> Examen de la vista                     |
| <input type="checkbox"/> Examen de cáncer de próstata   | <input type="checkbox"/> Examen físico                    | <input type="checkbox"/> Evaluación cardiovascular (el corazón) |
| <input type="checkbox"/> Examen de colon / recto        | <input type="checkbox"/> Prueba de Papanicolaou           | <input type="checkbox"/> Limpieza dental / radiografías         |
| <input type="checkbox"/> Control de azúcar en la sangre | <input type="checkbox"/> Vacuna contra la gripe           | <input type="checkbox"/> Ninguna de las anteriores              |
| <input type="checkbox"/> Examen de Colesterol           | <input type="checkbox"/> Control de la presión arterial   |   |
| <input type="checkbox"/> Examen de audición (escucha)   | <input type="checkbox"/> Pruebas de cáncer de piel        |   |

**15. ¿Cuánto tiempo hace desde la última vez que visitó a un dentista o clínica dental por algún motivo? Incluya visitas a especialistas dentales, como ortodoncista. (Elija solo una).**

- ☐ En el último año (en los últimos 12 meses)
- ☐ Hace 2 (más de un año pero menos de dos años)
- ☐ Hace más de 5 años (más de 2 años pero menos de 5 años)
- ☐ No sé / no estoy seguro
- ☐ Nunca

**16. En los últimos 30 días, ¿ha habido algún día que se ha sentido triste o preocupado y le haya impedido realizar sus actividades normales? (Elija solo una).**

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro



**17. La siguiente pregunta es sobre el alcohol. Un trago es equivalente a una cerveza de 12 onzas, una copa de vino de 5 onzas o una bebida con un trago de licor.**

**Considerando todos los tipos de bebidas alcohólicas, ¿cuántas veces durante los últimos 30 días tomó 5 o más bebidas (si es hombre) o 4 o más bebidas (si es mujer) en una ocasión?**

- |                            |                            |                             |                             |                             |                             |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8  | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 |                             |

☐ No sé / no estoy seguro

**18. Ahora le vamos a hacer una pregunta sobre el uso de drogas. Las respuestas que nos dan las personas sobre su uso de drogas son importantes para comprender los problemas de salud en el condado. Sabemos que esta información es personal, pero recuerde que sus respuestas se mantendrán confidenciales.**

**¿Has usado alguna droga ilegal en los últimos 30 días? Cuando decimos drogas, incluimos marihuana, cocaína, crack, heroína o cualquier otra sustancia ilegal. ¿Aproximadamente cuántos días has usado una de estas drogas ilegales? (*Elija solo una*).**

- |                            |                            |                             |                             |                             |                             |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8  | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 |                             |

☐ No sé / no estoy seguro

**(Si su respuesta es 0, salte a la pregunta numero 20)**

**19. Durante los últimos 30 días, ¿qué droga ilegal ha usado? (*Marque todas las que corresponden*).**

- ☐ Mariguana
- ☐ Cocaína
- ☐ Heroína
- ☐ Otros (especificar)

**20. Durante los últimos 30 días, ¿ha tomado algún medicamento recetado para el que no tenía una receta (por ejemplo, Oxycontin, Percocet, Demerol, Adderall, Ritalin o Xanax)?**

**¿Cuántas veces durante los últimos 30 días usó un medicamento recetado para el cual no tenía una receta? (Elija solo una).**

- |                            |                            |                             |                             |                             |                             |                             |                             |
|----------------------------|----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8  | <input type="checkbox"/> 12 | <input type="checkbox"/> 16 | <input type="checkbox"/> 20 | <input type="checkbox"/> 24 | <input type="checkbox"/> 28 |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9  | <input type="checkbox"/> 13 | <input type="checkbox"/> 17 | <input type="checkbox"/> 21 | <input type="checkbox"/> 25 | <input type="checkbox"/> 29 |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> 14 | <input type="checkbox"/> 18 | <input type="checkbox"/> 22 | <input type="checkbox"/> 26 | <input type="checkbox"/> 30 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 11 | <input type="checkbox"/> 15 | <input type="checkbox"/> 19 | <input type="checkbox"/> 23 | <input type="checkbox"/> 27 |                             |
- ☐ No sé / no estoy seguro

**21. La siguiente pregunta se relaciona con la salud de una persona que ha servido en las fuerzas Armadas. ¿Alguna vez ha estado en servicio activo en las Fuerzas Armadas de los Estados Unidos (Sin incluir el servicio activo de solo entrenamientos en las Reservas o la Guardia Nacional)? (Elija solo una).**

- ☐ Sí
- ☐ No **(Si su respuesta es No, salte a la pregunta numero 23)**

**22. ¿Alguna vez un médico u otro profesional de la salud le ha dicho que tiene depresión, ansiedad o trastorno por estrés postraumático (TEPT)? (Elija solo una).**

- ☐ Sí
- ☐ No

**23. Ahora nos gustaría saber sobre su estado físico. Durante una semana normal, aparte de su trabajo habitual, ¿realiza alguna actividad física o ejercicio que dure al menos media hora? (Elija solo una).**

- ☐ Sí
- ☐ No **(Si su respuesta es No, salte a la pregunta numero 26)**
- ☐ No sé / no estoy seguro **(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 26)**

**24. Como dijo que sí, ¿cuántas veces hace ejercicio o se involucra en alguna actividad física durante una semana normal?**

2  s las que corresponden).

- |   |   |
|---|---|
| <input type="checkbox"/> YMCA                         | <input type="checkbox"/> Sitio de trabajo / Empleador       |
| <input type="checkbox"/> Parque                       | <input type="checkbox"/> Terrenos escolares / instalaciones |
| <input type="checkbox"/> Centro de Recreación Pública | <input type="checkbox"/> Casa                               |
| <input type="checkbox"/> Gimnasio privado             | <input type="checkbox"/> Iglesia                            |

☐ Otros (especificar)

**Como su respuesta fue Si a la pregunta 23 (actividad física / ejercicio), salte a la pregunta numero 27**

**26. Ya que dijo "no", ¿cuáles son las razones por las que no hace ejercicio por media hora durante una semana normal? Puedes dar tantos de estos motivos como necesite.**

- ☐ Mi trabajo es trabajo físico o trabajo duro
- ☐ El ejercicio no es importante para mí.
- ☐ No tengo acceso a una instalación que tenga las cosas que necesito, como una piscina, un campo de golf o una pista.
- ☐ No tengo suficiente tiempo para hacer ejercicio.
- ☐ Necesitaría cuidado de niños y no lo tengo.
- ☐ No sé cómo encontrar compañeros de ejercicio.
- ☐ Otros (especificar)

- ☐ No me gusta hacer ejercicio
- ☐ Me cuesta mucho hacer ejercicio.
- ☐ No hay un lugar seguro para hacer ejercicio.
- ☐ Necesito transporte y no lo tengo.
- ☐ Estoy demasiado cansado para hacer ejercicio.
- ☐ Estoy físicamente deshabilitado.
- ☐ No lo sé.

**27. Sin contar ensalada de lechuga o productos de papa como papas fritas, piense en la frecuencia con la que come frutas y verduras en una semana normal.**

**¿Cuántas tazas por semana de frutas y vegetales dirías que comes? (Una manzana o 12 zanahorias pequeñas equivalen a una taza).**

Cantidad de tazas de fruta

Número de tazas de verduras

Cantidad de tazas de jugo de fruta 100

**28. ¿Alguna vez estuvo expuesto al humo del cigarro de alguien que fumó cerca de usted durante el último año? (Elija solo una).**

☐

Sí

☐

No

**(Si su respuesta es No, salte a la pregunta numero 30)**

☐

No sé / no estoy seguro

**(Si su respuesta es No se / no estoy seguro, salte a la pregunta numero 30)**

**29. En caso afirmativo, ¿dónde cree que está expuesto al humo de segunda mano con mayor frecuencia? (Marque solo uno)**

☐

Casa

☐

Lugar de trabajo

☐

Hospitales

☐

Restaurantes

☐

Colegio

☐

No estoy expuesto al humo de segunda mano.

☐

Otros (especificar)

**30. ¿Actualmente usa algún producto que contiene tabaco? (Esto incluye cigarros, cigarros electrónicos, masticar tabaco o cigarro de vapor.) (Elija solo una).**

☐

Sí

☐ No **(Si su respuesta es No, salte a la pregunta numero 32)**

**31. En caso afirmativo, ¿a dónde iría en busca de ayuda si quisiera dejar de fumar? (Elija solo una).**

- |   |   |
|---|---|
| <input type="checkbox"/> QUITLINE NC (ayuda por teléfono) | <input type="checkbox"/> Departamento de salud          |
| <input type="checkbox"/> Doctor                           | <input type="checkbox"/> No lo sé                       |
| <input type="checkbox"/> Farmacia                         | <input type="checkbox"/> No aplica; No quiero renunciar |
| <input type="checkbox"/> Consejero / terapeuta privado    |   |
| <input type="checkbox"/> Otros (especificar)              |   |

**32. Ahora le haremos preguntas sobre sus vacunas personales contra la gripe. Una vacuna contra la influenza / gripe puede ser una "inyección contra la gripe" inyectada en su brazo o también el espray "FluMist" que se rocía en su nariz. Durante los últimos 12 meses, ¿se vacunó contra la gripe o se puso el espray "FluMist"? (Elija solo una).**

- ☐ Sí, vacuna contra la gripe
- ☐ Sí, FluMist
- ☐ Si ambos
- ☐ No
- ☐ No sé / no estoy seguro

## PARTE 5: Acceso a la atención / Salud familiar

### 33. ¿A dónde va más a menudo cuando está enfermo? (*Elija solo uno*)

- |  |  |
|--|--|
| <input type="checkbox"/> Oficina del doctor    | <input type="checkbox"/> Clínica Médica            |
| <input type="checkbox"/> Departamento de salud | <input type="checkbox"/> Centro de cuidado urgente |
| <input type="checkbox"/> Hospital              |  |
| <input type="checkbox"/> Otros (especificar)   |  |

### 34. ¿Tiene alguno de los siguientes tipos de seguro de salud o cobertura de atención médica? (*Elija todos los que aplique*)

- ☐ Seguro de salud que mi empleador proporciona
- ☐ Seguro de salud que proporciona el empleador de mi cónyuge
- ☐ Seguro de salud que mi escuela proporciona
- ☐ Seguro de salud que proporciona mi padre o el empleador de mis padres
- ☐ Seguro de salud que compré
- ☐ Seguro de salud a través del Mercado de Seguros Médicos (Obamacare)
- ☐ Seguro Militar, Tricare o el VA
- ☐ Seguro de enfermedad
- ☐ Seguro médico del estado
- ☐ Sin plan de salud de ningún tipo

### 35. En los últimos 12 meses, ¿tuvo problemas para obtener la atención médica que necesitaba para usted o para un familiar de cualquier tipo de proveedor de atención médica, dentista, farmacia u otro centro? (*Elija solo uno*)

- ☐ Sí
- ☐ No (*Si su respuesta es No, salte a la pregunta numero 38*)
- ☐ No sé / no estoy seguro

### 36. Dado que usted dijo "sí", ¿Con cual tipo de proveedor o institución tuvo problemas para obtener atención médica? Puede elegir tantos de estos como necesite.

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> Dentista | <input type="checkbox"/> Médico general |
|-----------------------------------|---|



- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Cuidado de los ojos /<br>optometrista / oftalmólogo | <input type="checkbox"/> Departamento<br>de salud | <input type="checkbox"/> Centro de atención<br>urgente |
| <input type="checkbox"/> Farmacia / recetas médicas                          | <input type="checkbox"/> Hospital                 | <input type="checkbox"/> Clínica Médica                |
| <input type="checkbox"/> Pediatra  |   | <input type="checkbox"/> Especialista                  |
| <input type="checkbox"/> Ginecologo  |   |  |
| <input type="checkbox"/> Otros (especificar)                                 |   |  |

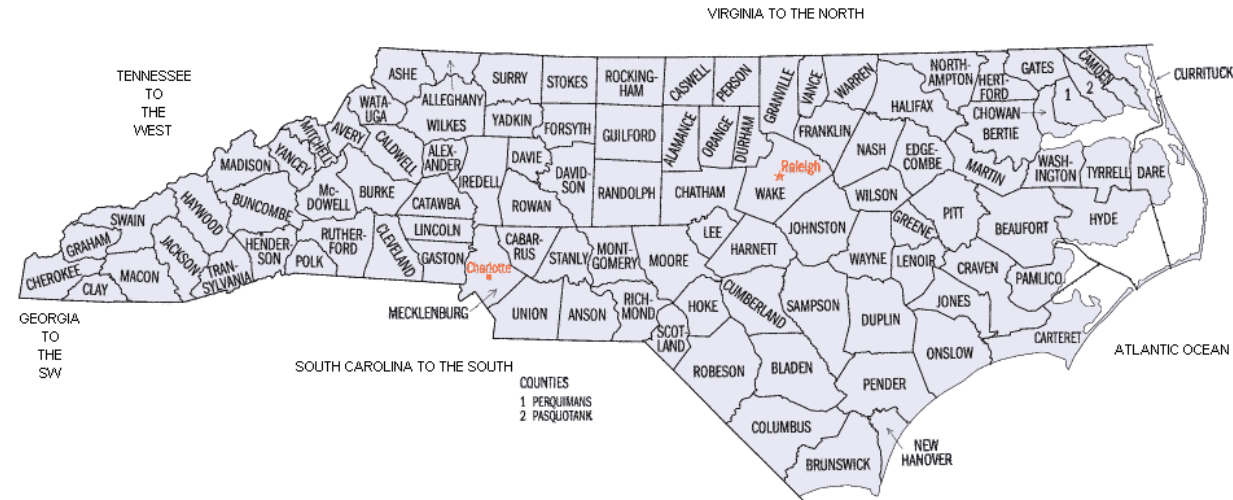
**37. ¿Cuáles de estos problemas le impidieron a usted o a su familiar obtener la atención médica necesaria? Puede elegir tantos de estos como necesite.**

- ☐ No tiene seguro medico
- ☐ El seguro no cubría lo que necesitaba
- ☐ El costo del deducible del seguro era demasiado alto
- ☐ El doctor no aceptaba el seguro ni el Medicaid.
- ☐ El hospital no aceptaba el seguro.
- ☐ La farmacia no aceptaba el seguro ni el Medicaid.
- ☐ El dentista no aceptaba el seguro ni el Medicaid.
- ☐ No tengo ninguna manera de llegar allí.
- ☐ No sabía a dónde ir.
- ☐ No pude conseguir una cita.
- ☐ La espera fue demasiado larga.
- ☐ El proveedor me negó atención o me trató de manera discriminatoria debido a mi estado de VIH, o porque soy lesbiana, gay, bisexual o transexual.

38. ¿En qué condado se encuentra la mayoría de los proveedores médicos que visita?  
(Elija solo uno)

- |  |                                    |                                      |  |
|--|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Beaufort            | <input type="checkbox"/> Edgecombe | <input type="checkbox"/> Martin      | <input type="checkbox"/> Sampson               |
| <input type="checkbox"/> Bertie              | <input type="checkbox"/> Franklin  | <input type="checkbox"/> Moore       | <input type="checkbox"/> Scotland              |
| <input type="checkbox"/> Bladen              | <input type="checkbox"/> Gates     | <input type="checkbox"/> Nash        | <input type="checkbox"/> Tyrrell               |
| <input type="checkbox"/> Brunswick           | <input type="checkbox"/> Granville | <input type="checkbox"/> New Hanover | <input type="checkbox"/> Vance                 |
| <input type="checkbox"/> Camden              | <input type="checkbox"/> Greene    | <input type="checkbox"/> Northampton | <input type="checkbox"/> Wake                  |
| <input type="checkbox"/> Carteret            | <input type="checkbox"/> Halifax   | <input type="checkbox"/> Onslow      | <input type="checkbox"/> Warren                |
| <input type="checkbox"/> Chowan              | <input type="checkbox"/> Harnett   | <input type="checkbox"/> Pamlico     | <input type="checkbox"/> Washington            |
| <input type="checkbox"/> Columbus            | <input type="checkbox"/> Hertford  | <input type="checkbox"/> Pasquotank  | <input type="checkbox"/> Wayne                 |
| <input type="checkbox"/> Craven              | <input type="checkbox"/> Hoke      | <input type="checkbox"/> Pender      | <input type="checkbox"/> Wilson                |
| <input type="checkbox"/> Cumberland          | <input type="checkbox"/> Hyde      | <input type="checkbox"/> Perquimans  | <input type="checkbox"/> El Estado de Virginia |
| <input type="checkbox"/> Currituck           | <input type="checkbox"/> Johnston  | <input type="checkbox"/> Pitt        |  |
| <input type="checkbox"/> Dare                | <input type="checkbox"/> Jones     | <input type="checkbox"/> Richmond    |  |
| <input type="checkbox"/> Duplin              | <input type="checkbox"/> Lenoir    | <input type="checkbox"/> Robeson     |  |
| <input type="checkbox"/> Otros (especificar) |                                    |                                      |  |

Mapa del condado de Carolina del Norte



**39. En los últimos 12 meses, ¿alguna vez le preocupó saber si la comida de su familia se agotaría antes de obtener dinero para comprar más? (Elija solo uno)**

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

**40. Si un amigo o miembro de la familia necesita asesoría para un problema de salud mental o de abuso de drogas o alcohol, ¿quién es la primera persona con la que les diría que hablen? (Elija solo uno)**

- |  |   |
|--|---|
| <input type="checkbox"/> Consejero o terapeuta privado | <input type="checkbox"/> No sé                          |
| <input type="checkbox"/> Grupo de apoyo                | <input type="checkbox"/> Doctor                         |
| <input type="checkbox"/> Consejero de la escuela       | <input type="checkbox"/> Pastor o funcionario religioso |
| <input type="checkbox"/> Otros (especificar)           |   |

### **PARTE 6: Preparación para emergencias**

**41. ¿Tiene en su hogar detectores de humo y monóxido de carbono en funcionamiento? (Elija solo uno)**

- ☐ Sí, solo detectores de humo
- ☐ Si ambos
- ☐ No sé / no estoy seguro
- ☐ Sí, sólo detectores de monóxido de carbono
- ☐ No

**42. ¿Su familia tiene un kit básico de suministros de emergencia? (Estos kits incluyen agua, alimentos no perecederos, cualquier receta necesaria, suministros de primeros auxilios, linterna y baterías, abrelatas no eléctrico, cobijas, etc.)**

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

En caso que sí, ¿cuántos días tiene suministros? (Escriba el número de días)

**43. ¿Cuál sería su forma principal de obtener información de las autoridades en un desastre o emergencia a gran escala? (Marque solo uno)**

- |  |   |
|--|---|
| <input type="checkbox"/> Televisión                  | <input type="checkbox"/> Sitio de red social                                |
| <input type="checkbox"/> Radio                       | <input type="checkbox"/> Vecinos  |
| <input type="checkbox"/> Internet                    | <input type="checkbox"/> Familia  |
| <input type="checkbox"/> Línea de teléfono en casa   | <input type="checkbox"/> Mensaje de texto (sistema de alerta de emergencia) |
| <input type="checkbox"/> Teléfono celular            | <input type="checkbox"/> No sé / no estoy seguro                            |
| <input type="checkbox"/> Medios impresos (periódico) |   |
| <input type="checkbox"/> Otros (especificar)         |   |

**44. Si las autoridades públicas anunciaran una evacuación obligatoria de su vecindario o comunidad debido a un desastre a gran escala o una emergencia, ¿Ustedes evacuarían? (Elija solo uno)**

- ☐ Sí **(Si su respuesta es Sí, salte a la pregunta numero 46)**
- ☐ No
- ☐ No sé / no estoy seguro

**45. ¿Cuál sería la razón principal por la que no evacuaría si le pidieran que lo hiciera?  
(Marque solo uno)**

- |   |  |
|---|--|
| <input type="checkbox"/> Falta de transporte                                | <input type="checkbox"/> Preocupación por dejar mascotas                                     |
| <input type="checkbox"/> La falta de confianza en los funcionarios públicos | <input type="checkbox"/> Preocupación por los atascos de tráfico y la imposibilidad de salir |
| <input type="checkbox"/> Preocupación por dejar atrás la propiedad          | <input type="checkbox"/> Problemas de salud (no se pudieron mover)                           |
| <input type="checkbox"/> Preocupación por la seguridad personal             | <input type="checkbox"/> No sé / no estoy seguro   |
| <input type="checkbox"/> Preocupación por la seguridad familiar             |  |
| <input type="checkbox"/> Otros (especificar)                                |  |

## **PARTE 7: Preguntas demográficas**

*La siguiente serie de preguntas son preguntas generales sobre usted, que solo se informarán como un resumen de todas las respuestas dadas por los participantes de la encuesta. Tus respuestas permanecerán en el anonimato.*

### **46. ¿Qué edad tiene? (Elija solo uno)**

- |                                |                                |                                   |
|--------------------------------|--------------------------------|-----------------------------------|
| <input type="checkbox"/> 15-19 | <input type="checkbox"/> 40-44 | <input type="checkbox"/> 65-69    |
| <input type="checkbox"/> 20-24 | <input type="checkbox"/> 45-49 | <input type="checkbox"/> 70-74    |
| <input type="checkbox"/> 25-29 | <input type="checkbox"/> 50-54 | <input type="checkbox"/> 75-79    |
| <input type="checkbox"/> 30-34 | <input type="checkbox"/> 55-59 | <input type="checkbox"/> 80-84    |
| <input type="checkbox"/> 35-39 | <input type="checkbox"/> 60-64 | <input type="checkbox"/> 85 o más |

### **47. ¿Cuál es tu género? (Elija solo uno)**

- ☐ Masculino
- ☐ Femenino
- ☐ Transgénero
- ☐ Género no conforme
- ☐ Otro

### **48. ¿Eres de origen hispano, latino o español? (Elija solo uno)**

- ☐ No soy de origen hispano, latino o español
- ☐ Mexicano, mexicoamericano o chicano
- ☐ Puertorriqueño
- ☐ Cubano o cubano americano
- ☐ Otro - hispano o latino (por favor especifique)



**49. ¿Cuál es su raza? (*Elija solo uno*)**

- ☐ Blanco
- ☐ Negro o Afroamericano
- ☐ Indio Americano o nativo de Alaska
- ☐ Indio Asiático
- ☐ Otros- Asiáticos, incluidos Japonés, Chino, Coreano, Vietnamita y Filipino
- ☐ Otros isleños del Pacífico, incluidos los nativos de Hawaii, Samoa, Guamanian / Chamorro
- ☐ Otra raza no incluida aquí (especifique)

**50. ¿El inglés es el idioma principal que se habla en su hogar? (*Elija solo uno*)**

- ☐ Sí
- ☐ No. En caso negativo, especifique el idioma principal que se habla en su hogar.

**51. ¿Cuál es tu estado civil? (*Elija solo uno*)**

- ☐ Nunca casado / soltero
- ☐ Casado
- ☐ Pareja- soltera
- ☐ Divorciado
- ☐ Viudo
- ☐ Separado
- ☐ Otros (especificar)

**52. Seleccione el nivel más alto de educación que ha alcanzado. (*Elija solo uno*)**

- ☐ Menos de 9no grado
- ☐ 9-12 grado, sin diploma
- ☐ Graduado de secundaria (o GED / equivalente)
- ☐ Grado Asociado o Formación Profesional
- ☐ Un poco de universidad (sin título)
- ☐ Licenciatura
- ☐ Licenciado o título profesional
- ☐ Otros (especificar)

**53. ¿Cuál fue el ingreso total de su hogar el año pasado, antes de impuestos? (*Elija solo uno*)**

- |  |  |
|--|--|
| <input type="checkbox"/> Menos de \$10,000   | <input type="checkbox"/> \$35,000 a \$49,999 |
| <input type="checkbox"/> \$10,000 a \$14,999 | <input type="checkbox"/> \$50,000 a \$74,999 |
| <input type="checkbox"/> \$15,000 a \$24,999 | <input type="checkbox"/> \$75,000 a \$99,999 |
| <input type="checkbox"/> \$25,000 a \$34,999 | <input type="checkbox"/> \$100,000 o más     |

**54. Ingrese el número de personas en su hogar (incluyéndose a usted)**

**55. ¿Cuál es su estado laboral? (*Seleccione todas las opciones que corresponden*).**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Empleado de tiempo completo | <input type="checkbox"/> Retirado        | <input type="checkbox"/> Ama de casa                    |
| <input type="checkbox"/> Empleado a tiempo parcial   | <input type="checkbox"/> Fuerzas Armadas | <input type="checkbox"/> Trabajadores por cuenta propia |
|  | <input type="checkbox"/> Discapacitado   | <input type="checkbox"/> Desempleado 1 año o menos      |
|  | <input type="checkbox"/> Estudiante      | <input type="checkbox"/> Desempleado por más de 1 año   |

**56. ¿Tiene acceso al internet en su casa (Esto incluye alta velocidad, wifi, acceso telefónico o datos móviles)? (Elija solo uno)**

- ☐ Sí
- ☐ No
- ☐ No sé / no estoy seguro

**57. (Opcional) ¿Hay algo más que le gustaría que sepamos sobre su comunidad? Por favor, siéntase libre de decirnos a continuación.**

**¡Gracias por su tiempo y participación!**

Si tiene preguntas sobre esta encuesta, envíenos un correo electrónico a [will.broughton@foundationhli.org](mailto:will.broughton@foundationhli.org).

# Focus Group Questions

**Participants' Resident County(ies):**

**Focus Group Name / Number:**

**Date Conducted:**

**Location:**

**Start Time:**

**End Time:**

**Number of Participants:**

**Population Type (if applicable):**

**Moderator Name:**

**Moderator Email:**

**Note Taker Name:**

**Note Taker Email:**

## Core Questions

**1. Introduce yourself and tell us what you think is the best thing about living in this community.**

**2. What do people in this community do to stay healthy?**

**Prompt:** *What do you do to stay healthy?*

**3. In your opinion, what are the serious health related problems in your community? What are some of the causes of these problems?**

**4. What keeps people in your community from being healthy?**

**Prompt:** *What challenges do you face that keep you from being healthy? What barriers exist to being healthy?*

**5. What could be done to solve these problems?**

**Prompt:** *What could be done to make your community healthier? Additional services or changes to existing services?*

6. Is there any group not receiving enough health care? If so, what group? And why?

7. Is there anything else you would like us to know?

#### Additional Questions

1. How do people in this community get information about health? How do you get information about health?

2. Have you or someone close to you ever experienced any challenges in trying to get healthcare services? If so, what happened?

3. What is the major environmental issue in the county?

4. Describe collaborative efforts in the community. How can we improve our level of collaboration?

5. What are the strengths related to health in your community?

*Prompt: Specific strengths related to healthcare?*

*Prompt: Specific strengths to a healthy lifestyle?*

6. If you had \$100,000 to spend on a healthcare project in the county, how would you spend it?

## Key Themes

**Summarize the top 2-3 themes from this focus group discussion.**

1.

2.

3.

# Appendix D. Community Resources

Wayne County is home to an abundance of quality healthcare resources; however there are still major gaps of weaknesses that can be improved collectively. The following resource guides in this section create a snapshot of local activities and resources that are provided within the county.

## **Printed & Online Directories** – Updated Annually

- Wayne Action Group for Economic Solvency, Inc. (WAGES)
  - <http://wagesnc.org/wp-content/uploads/2018-19-Resource-Guide-English-PDF.pdf>
  - <http://wagesnc.org/wp-content/uploads/2018-19-Spanish-Resource-Guide-PDF.pdf>
- Wayne County Chamber of Commerce – “Windows of Wayne”  
<https://www.waynecountychamber.com/wp-content/uploads/2019/02/2019-WOW-Web-file.pdf>

## **Online Directories**

- <https://www.nc211.org>

To ensure improved health and quality of life for all residents a thorough analyzation of community resources was completed. The following themes emerged relating to system strengths, weaknesses, and opportunities for improvement. These key themes can be leveraged to help partners across the county come together to collectively advance system-wide improvements.

## **Strengths**

- Successful organizational collaborations and community partnerships to mobilize and strategize.
- The involvement of community organizations in service delivery.
- Solid interest and support for strengthening the local public health system.
- A strong infrastructure exists for investigating and responding to public health threats and emergencies.

## **Weaknesses**

- Local organizations are often unaware or unclear about their role in the public health system.
- The general public’s lack of awareness and understanding regarding the local public health system.
- There is an insufficient degree of communication, which creates the perception of silos.
- Limited health care resources in outlying areas of county with a special emphasis on the Southern Wayne area.
- Lack of

## **Opportunities for Improvement (Resource Gaps)**

- Communication - bolster communication, coordination of efforts, and execution of action plans across the county.
- Collective Impact - Strengthen the system for sharing data and conducting public health research to enhance decision making and implementing strategies that improve population health.
- Free and Accessible Youth Programs
- Substance Misuse Treatment and Harm Reduction
- Homeless Shelter primarily for Women and Children
- Spanish Speaking Providers
- Leverage the use of technology to better connect and communicate with our community.
- Access to health care – difficulty accessing a primary care home due to the shortage of primary care doctors, the lack of current providers accepting new patients, financial constraints, etc.
- Medicaid Expansion



